

**DIOCESE OF MEMPHIS
MONTHLY CATHEDRATICUM REPORT**

PARISH: _____

ADDRESS: _____

REPORTING PERIOD FROM _____ TO _____

OFFERTORY RECEIPTS: Sunday Collections

1st _____

2nd _____

3rd _____

4th _____

5th _____

Total Sunday Collections _____ 0

HOLY DAY COLLECTIONS

OTHER RECEIPTS

TOTAL RECEIPTS TO REPORT: _____ 0

CATHEDRATICUM ASSESSMENT PERCENTAGE: _____

AMOUNT OF CATHEDRATICUM ASSESSMENT _____ 0.00

**NATIONAL/SPECIAL COLLECTIONS:
PLEASE BE SURE THESE ARE REMITTED THE MONTH FOLLOWING RECEIPT OF FUNDS**

TOTAL SPECIAL COLLECTIONS: _____ 0.00

TOTAL REMITTANCE TO DIOCESE _____ 0.00

SIGNATURE OF PASTOR

DATE

PLEASE PREPARE AND RETAIN A COPY FOR YOUR RECORDS.

MAIL YOUR CHECK AND REPORT TO:

THE ACCOUNTING OFFICE

THE CATHOLIC CENTER

PO BOX 341669

MEMPHIS, TN 38184-1669

THIS REPORT IS DUE BY THE 10TH OF EACH MONTH FOR THE PRECEDING MONTH

(Rev 8/1/2017)