Monthly Report of District Affiliated Church

Name of Church:_____ **Section:**_____

Church Mailing Address:_____

City/Zip:_____ _____

Month Reporting for:_____ **20**___

EVERYONE MUST ANSWER THE QUESTIONS BEGINNING ON PAGE 2 OF THIS REPORT.

IF YOU USE COMPUTERIZED ACCOUNTING SOFTWARE YOU MAY SUBMIT A BALANCE SHEET AND AN INCOME/EXPENSE REPORT INSTEAD OF FILLING OUT THE FINANCIAL INFORMATION ON PAGE 1 AND 2 !

Balance in All Funds Beginning of Month……$_____

Income

General Fund tithe and offerings…… $_____

General Fund other income…… $_____

Specify sources of other GF Income

_____

_____

_____

Departmental Income

Sunday school…….. $_____

Youth…….. $_____

Men's…….. $_____

Women's…… $_____

Other (total all other)…… $_____

Building Fund…… $_____

Total Income All Funds……$_____

Total Amount to be Accounted for……$_____

Transfer this balance to next page

Church/City:_____ **Month reporting for:**_____

Balance brought forward from previous page……..$_____

Expenses/Disbursements

Pastor's salary/support…… $_____
Pastor's reimbursement/other…… $_____
Other Ministerial Staff salaries/support…… $_____
Other salaries (secretary/custodian/etc)…….. $_____
Utilities…… $_____
Insurance…… $_____
Missions (district/General Council/other…….. $_____
Loans/bank notes…… $_____
Supplies/GPH/flowers/other expenses……. $_____
Remodeling/building improvement/building expense…….. $_____
Revival/special speaker or musician expense……. $_____
Other (attach sheet with detail)……. $_____

Total Expenses/Disbursements (all funds)……..$_____

Balance on Hand at End of Month……$_____

Investments/Savings

CDs, Investment Accounts, other……..$_____

Questions - EVERYONE Must answer these.

Present Church Membership Men:_____ Women:_____ Children:_____ Total Current Membership:_____

Average Attendance Sunday AM:_____ Sunday PM:_____ Sunday School:_____ Midweek:_____

Church/City:_____ **Month reporting for:**_____

Pastor's Name:_____ Secretary's Name:_____
Pastor's Address:_____ Secretary's Address:_____
City, ST, Zip:_____ City, ST, Zip:_____
Phone, Home:_____ Cell:_____ Phone: Home_____ Cell:_____
Email:_____ Email:_____

Pastor's Apptointment Reviews/Expires:_____

Pastor's Annual Salary:_____ **Date of last Salary Review/Change:**_____

Number of men meeting spiritual qualifications for deacon _____ **Is the Church Incorporated?**_____

Name of Insurance Provider:_____ **Church Tax ID Number (EIN):**_____

Background Checks:
( ) done by district **( ) done by church through:**_____ **( ) church has not done background checks**

Does the church have any bank loans?_____ If yes fill out the information below, attach a separate sheet if you need more space.
Bank Name:_____ Account #:_____
Balance:_____ Monthly Payment:_____ Interest Rate:_____

Does the church have any charge accounts?_____ If yes fill out the information below, attach a separate sheet if you need more space.
Name:_____ Acount #:_____
Balance:_____

Does the church have any credit cards? _____ If yes fill out the information below, attach a separate sheet if you need more space.
Name:_____ Balance:_____
Name:_____ Balance:_____

Please send a copy of your current month's bank statement (including check copies) with your report.

Date_____ Pastor_____ Church Secretary_____
This form is due by the 20th of the month following the month reporting for.