(PLEASE USE BLACK INK TO COMPLETE REPORT)

CHURCH OF GOD MONTHLY TREASURER'S REPORT

Mission Statement: The mission of the Church of God is to communicate the full gospel of Jesus Christ (Matthew 28:19, 20) in the Spirit and power of Pentecost (Acts 2:1-4, 6, 13-18)

Core Values: Prayer, Pentecostal Worship, World Evangelization, Church Planting, Leadership Development, Care and Interdependence.

Prayer Concerns/Comments _____

Report for the _____ **CHURCH OF GOD**

Church Address (Street or P.O. _____

City _____ **State** ☐ **Zip** _____

Church Shipping Address _____

City _____ **State** ☐ **Zip** _____

Treasurer's Name ☐ Mr. ☐ Mrs. ☐ Ms. _____

Address _____ **City** _____ **State** ☐ **Zip** _____

Treasurer's Telephone _____ **Church Telephone** _____

Church E-mail address _____ **Web site** _____

☐Check box if Treasurer's name or address has changed since last report.

Church File No. _____

Report Month **Year** _____

State/Region _____

Employer Identification No. _____

GREAT COMMISSION IMPACT

Discipleship/Evangelism on campus (Combined Weekly Average SS, FTH, Care, etc.)	
Discipleship/Evangelism off campus (Combined Weekly Average prison ministry, cell groups, Bible clubs, nursing homes visitation, etc.)	
Sunday Morning or Primary Worship Service Average Weekly Attendance	
Ethnic Outreach Language Code _____ SEE BACK OF FORM FOR CODES **Average**	

MEMBERSHIP REPORT **Total Last Month** _____

Members Received: New _____ **+ Transfer** _____ **=** **+** _____

Excluded _____ **+ Deceased** _____ **+ Transferred** _____ **=** **-** _____

Male _____ **+ Female** _____ **= Total** _____

Total Church Property Appraisal	**$**
Total Church Property Indebtedness	**$**

Are any accounts/payments more than 60 days past due? Y ☐ **N** ☐

Pastor's Name _____

Pastor's Ministerial Number _____

SS Director's Name _____

FTH Director's Name _____

Treasurer's Signature _____

Pastor's Signature _____

FINANCIAL DATA

Total Tithes paid into local treasury this month		$
All Other Income		$
	International	State/Regional
Tithes to International Offices 5.0% of total tithes	$	
Tithes to State/Regional Offices 5.0% of total tithes		$
Home for Children SS Birthday Offering, Mother's Day	$	$
	$	$
	$	$
	$	$
Other	$	$
TOTAL Add each column. Make sure check or money order agree with totals.	$	$

REMARKS

OFFICIAL USE: DO NOT WRITE IN THIS SPACE