

MISSION CHURCH MONTHLY REPORT

Report for the _____ Church of God

Church Mailing Address _____

City _____ State _____ Zip _____

Church Physical Address _____

City _____ State _____ Zip _____

Church's Telephone _____ Church's email _____ @ _____

Website Address www: _____

Treasurer Name Mr. Mrs. Ms. _____

Address _____ City _____ State _____ Zip _____

Treasurer's Telephone _____ Treasurer's email _____ @ _____

Report Month	Year
State/Region	

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	

FINANCIAL REPORT	
Total tithes paid into local treasury this month \$	_____
All Other Income	\$ _____
Expenses:	
Rent: \$	_____
Utilities: \$	_____
Additional Expenses: (please list)	

Account Balance	\$ _____

MEMBERSHIP REPORT	
Total Members Last Month _____	
Members Received: New _____ + Transfer _____ = _____	
Excluded _____ + Deceased _____ + Transferred _____ = _____	
Male _____ + Female _____ = Total Members _____	

Pastor's Name _____

Pastor's Ministerial Number _____

Pastor's Address _____

City _____ State _____ Zip _____

Pastor's Email: _____ @ _____