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NETWORK AFFILIATED CHURCH

MONTHLY REPORT

Month:       Year:

Church:       Phone:

Address:       City:       Zip:

Pastor:

Email:       **Please**  **if email is changed**

Website:

**AVERAGE ATTENDANCE:**

Sunday School/Small Groups

Morning Worship

Evening Service

Midweek

**ADVISORY BOARD MEETING:**

Yes  No

**MINISTRY:**

Decisions for Christ

Water Baptisms

Holy Spirit Baptisms

New Adherents

Funerals

Weddings

Baby dedications

Preaching/teaching opportunities

**CHURCH FINANCES:**

**Income**:

Tithes/Offerings

Missions

Network Support

Building Fund

Other

**Total Income**      \*

**Disbursements**:

Pastor’s Support/Benefits

Rent/Mortgage Payments

Utilities/Repairs

Loan Payments

Insurance

Missions

Ministries Expense

Shared Ministry

Other

**Total Disbursements**       \*\*

**TOTALS:**

Ending Balance from last month

Total Income this month      \*

Subtotal

Total Disbursements      \*\*

Ending Balance

Savings Account Balance

***\* OR you may attach financial reports showing this information.***

**NEWS, NOTES, REQUESTS, CELEBRATIONS:**

# Please send copies to Northwest Missions Department Admin at erink@northwestministry.com, your Area Leader, and your Northwest Missions Area Leader.