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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.