



Monthly Report to Northeast Region



TREASURER'S REPORT

Church Name: _____ Pastor's Name: _____

Church ID # _____ Month Ending: _____

Local Church address: _____

Treasurer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Tel: _____ Email: _____

Total tithes received in local church: \$ _____

Tithes paid to Pastor: \$ _____

Tithes to International Office: \$ _____

Tithes to Regional Office: \$ _____

Pastor's First Sunday Offering: \$ _____

Church Ministries: \$ _____

Pastor's Tithes: \$ _____

Money for other purposes: \$ _____

TOTAL SENT WITH THIS REPORT: \$ _____

Total Members: _____ Male: _____ Female: _____ Dismissed: _____ Transferred: _____

Received by Covenant:

Name of Treasurer: _____

Address: _____

Comments: _____