



ALABAMA STATE MINISTRIES
CHURCH OF GOD OF PROPHECY

**LOCAL CHURCH TREASURER'S MONTHLY REPORT
TO THE STATE ADMINISTRATIVE OFFICE**

Name of local church: _____

Month: _____ Year: _____

Total Tithe received into local church this month: \$ _____

Amount paid to pastor this month: \$ _____

Expense offering (reimbursement) paid to pastor this month: \$ _____

Is a parsonage or housing allowance provided for the Pastor? YES NO

Is health insurance provided for the Pastor? YES NO

Does the church contribute to the 403b retirement plan offered for Pastors? YES NO

Sunday morning worship average attendance for the month: _____

Total membership of local church: _____

Contributions for Alabama State Ministries Leadership Development: \$ _____

Other contributions (please specify): _____ Amount: \$ _____

Total amount enclosed for State Ministries: \$ _____ Check #: _____

*Contributions for camping ministries (% of tithe or other): \$ _____

**Please enclose separate check for camping ministries, payable to Camp Boothe.*

Name of local church treasurer: _____

Address: _____

Phone: _____

Email: _____

THANK YOU for your ministry of service to the Lord and the church. Reports are requested to the state office by the 10th day of each month. Please mail report and contributions to:

**Alabama State Ministries
12300 Bell Road
Huntsville, AL 35803-9794**