

Monthly Report to Northeast Region



TREASURER'S REPORT

Church Name:	Pastor's Name:	
Church ID #	Month Ending:	
Local Church address:		·
City:	State:	Zip:
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 Ministry Offerings:		\$
Pastor's Tithes:		\$
Retired Pastors:		\$
Money for other purposes:		\$
TOTAL SENT WITH THIS REPORT:		\$
Total Members: Male:	Female: Dismiss	sed: Transferred:
Received by Covenant:		<u></u>
Name of Treasurer:		
Address:		
Comments:		