**LOCAL CHURCH TREASURER’S MONTHLY REPORT**

**TO THE STATE TREASURER**

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**

**Attention: State Treasurer**

**P.O. Box 707**

**Bessemer, AL 35021**