

NEW MEXICO MINISTRY NETWORK OF THE ASSEMBLIES OF GOD

Network-Affiliated Church Monthly Ministry Report

This report is to be filled out monthly and sent to the Network Executive Administrator and a copy to your Presbyter.

Month _____ Year _____

Church _____ Phone _____
 Address _____ City _____ Zip _____

AVERAGE ATTENDANCE:

Sunday School _____
 Morning Worship _____
 Evening Worship _____
 Mid-week Service _____
 Small Groups _____

MINISTRY:

Decisions for Christ _____
 Water Baptisms _____
 Holy Spirit Baptisms _____
 Funerals _____
 Weddings _____
 Baby Dedications _____
 New Adherents _____
 Preaching/Teaching Opportunities _____

Advisory Board Meeting: Yes _____ No _____

If yes, please attach a copy of the board meeting minutes.

INCOME:

Tithes/Offerings _____
 Missions Offerings _____
 Building Fund _____
 Departmental Income _____
 Guest Speaker _____
 All Other Income _____

 Total Monthly Income _____

EXPENSES:

Pastor's Salary/Benefits _____
 Rent/Mortgage Payments _____
 Utilities _____
 Repairs _____
 Loan Payments _____
 Lease Payments _____
 Insurance _____
 Missions Expense _____
 Departmental Expense _____
 Ministries Expense: _____
 Partnership for the Next Generation
 (Formerly 1% and 1+1 programs) _____
 Guest Speaker _____
 All Other Expense _____

TOTALS:

**GENERAL FUND
(UNDESIGNATED)**

**DEPARTMENTAL &
DESIGNATED FUNDS**

Beginning Balances	_____	_____
Monthly Income	_____	_____
Monthly Expenses	_____	_____
Ending Balances	_____	_____
Savings Acct. Balance	_____	

Total Monthly Expenses _____

Are any bills past due? _____
If yes, please explain: _____

Please use this space to share requests, testimonies, news, questions, etc.

**Are all facility/building and vehicle insurance
payments current?** _____
If no, please explain. _____

Pastor's Name or General Council ID#

Date