Acknowledgement of Non-Cash Gifts

Date	Receipt Number
Donor's Name	
Address	
City	StateZip
The following items were donated:	
This gift was designated for the	program/ministry.
This gift will be used in our ministries: ☐ Yes ☐ No	
This gift will be sold at the highest value we can obtain with program/ministry as stated above. ☐ Yes ☐ No	the proceeds being applied to the designated
Thank you for your support to our ministries.	
Treasurer's Signature	

SPECIAL COMMENTS:

It is the policy of our ministry not to state a value on non-cash gifts; only the donor can do this.

The non-cash gift(s) identified by this receipt are not included in your regular cash contribution record. Please keep this receipt as well as other support as a record of your gift/contribution. Consult with your tax advisor regarding IRS reporting requirements on Form 8283.

Attendance & Offering Table

	Att	endance			I	ncome	
Week	Attendance	Cumulative	Average YTD	Week	Income	Cumulative	Average YTD
1					\$	\$	\$
2				2	\$	\$	\$
3				3	\$	\$	\$
4				4	\$	\$	\$
5				5	\$	\$	\$
6				6	\$	\$	\$
7				7	\$	\$	\$
8				8	\$	\$	\$
9				9	\$	\$	\$
10				10	\$	\$	\$
11 12				11 12	\$	\$	\$
13				13	\$	\$	\$
14				14	\$	\$ \$	\$ \$
15				15	\$ \$	\$ \$	\$
16				16	\$ \$	\$	\$ \$
17				17	\$	\$	\$
18				18	\$	\$	\$
19				19	\$	\$	\$
20				20	\$	\$	\$
21				21	\$	\$	\$
22				22	\$	\$	\$
23				23	\$	\$	\$
24				24	\$	\$	\$
25				25	\$	\$	\$
26				26	\$	\$	\$
27				27	\$	\$	\$
28				28	\$	\$	\$
29				29	\$	\$	\$
30				30	\$	\$	\$
31				31	\$	\$	\$
32				32	\$	\$	\$
33				33	\$	\$	\$
34				34	\$	\$	\$
35				35	\$	\$	\$
36				36	\$	\$	\$
37				37	\$	\$	\$
38				38	\$	\$	\$
39				39	\$	\$	\$
40				40	\$	\$	\$
41				41	\$ \$	\$	\$
42 43				42 43		\$	\$
43					\$	\$ \$	\$
45				45	\$ \$	\$ \$	\$
46				46	\$	\$ \$	\$
47					\$ \$	\$ \$	\$
48				48	\$ \$	\$ \$	\$
49				49	\$	\$	\$
50					\$ \$	\$	\$
51				51	\$	\$	\$
52				52	\$	\$	\$
32				32	T	T	7

Balance Sheet

For Year Ending _____

ASSETS

Cash and Cash Equivalents		\$
Inventories		
Prepaid Expenses		
Property and Equipment, at cost		
Other Assets		
		\$
	LIABILITIES AND NET ASSET	<u>rs</u>
Liabilities:		
Accounts payable and accru	ed expenses	\$
Deferred revenue		
Long-term debt		
	Total Liabilities	
Net Assets:		
Unrestricted		
Restricted		
Net investment in property a	and equipment	
	Total Net Assets	
		\$

Bank Transfer Advice

Date		
Transfer Amount	\$	
From Bank Account Name Account Number		
To Bank Account Name Account Number		
	Description/Explanation	
	(Attach supporting documentation from bank)
Prepared By		Date
Reviewed By		Date

Cash Advance Reconciliation (Return to the Business Office)

Name		Date of Advance					
Check Requisition (PO)	Number	Amount of Advance	ee \$				
Event							
Comments							
Details of Expenses (Atta	ach all receipts)						
Date	Description	Amount	Account Number to Charge				
		_ \$					
		_					
		_					
		_					
		_					
		_	_				
	Total	\$					
	Amount Returned	\$					
Prepared By		Dat	e				
Reviewed By		Dat	e				

Cash Disbursements Ledger

Check No.	Payee/Description	Total Cash Disbursement	Missions	Evangelism/ Discipleship	Worship/ Pastoral	Education	Administration	Operation of Facilities	Capital Projects
		\$	\$	\$	\$	\$	≫	€	€
_									
_									
_									
_									
_									
_ '									
'									
'									
'									
'									
'									
_ '									
_ '									
'									
'									
	Totals	8	\$	8	\$	€	\$	\$	\$

Prepared By

Cash Disbursements Ledger

Year End Summary

Capital Projects														
Operation of Facilities	\$													<i>S</i>
Administration	S													€
Education	S													∞
Worship/ Pastoral	S													SA
Evangelism/ Discipleship	S													€
Missions	S													<i>S</i> ♠
Total Cash Disbursement	∞													S
Month	January	February	March	April	May	June	July	August	September	October	November	December		Totals for Year

Reviewed By

Prepared By

Cash Receipts Ledger

Month of

		Tithes					Ot	Other	Total
Day	Receipt Description	and Offerings					Rept. Description	Amount	Daily Receipts
1		\$	\$	\$	\$	\$	\$	%	\$
2									
3									
4									
5									
9									
7									
8									
6									
10									
11									
12									
13									
14									
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25									
26									
27									
28									
59									
30									
31									
		•	•	•	•	•	•	•	•
	Totals for Month	€	€	€	€	S	∞	€	∞

Prepared By_

Cash Receipts Ledger

Year End Summary_

	Tithes					Other	her	Total
Totals for Month	and Offerings					Rcpt. Description	Amount	Cash Receipts
January	∞	€ 9	€ 9	€	∞	\$	\$	€
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								
Totals for Year	8	∽	∻	∽	8	\$	\$	*

Cash Transmittal

To: Business Office
From:

Please credit the end	closed funds to the follow	ing:	Reconciliation of I	Funds:
Account Number	Account Name	Amount	Coins: \$	
		\$	Currency: \$	
			Checks (See Note 1)	
			Name	Amount
				\$
			Subtotal of Checks	
			Subtotal of Checks	
	TOTAL (See Note 2)	\$	TOTAL (See Note 2)	\$
Prepared By			Date	
Received By			Date	
Approved By			Date	

Note 1: If more space is needed, please attach a separate listing of checks.

Note 2: These totals must agree with each other.

Check Request

GENERAL INFORMATION Payable to	StateZ	Zip
Address	State2 Amount \$	Zip
Address	State2 Amount \$	Zip
City Total Description ACCOUNT DISTRIBUTION	State2 Amount \$	Amount
Date Required Total Description ACCOUNT DISTRIBUTION	Amount \$	Amount
ACCOUNT DISTRIBUTION		Amount
ACCOUNT DISTRIBUTION		
	t Description	
		Ψ
	Total	\$
Drouper Stantanes		
Required Signatures		
Prepared By	Date	
•		
Approved By	Date	
FOR BUSINESS USE ONLY		
Verified:	Paid:	
Invoice to PO # Discount Taken	Date	
Footings Payment Terms		
Calculations Account Number	Check Number	
Tax Exemption Adequate Support	Cananal Ladaa	
Items Received Prior Approval Service Performed Form 1099	General Ledger: Entered	
	Littered	
Comments		

Chumas Certified Chart of Accounts for 501(c)(3) Churches & Nonprofit Organizations

(Restricted Use)

ASSETS

Current Assets 101 Cash in Bank – Checking 153 Office Equipment Musical Equipment 102 Cash in Bank – Academy 154 103 Cash in Bank – Bookstore PA & Electronic Sound Equipment 155 104 Cash in Bank – Building Fund 156 Satellite Equipment 108 Cash in Petty Cash Fund 157 Church Building Improvements Nursery & Children's Church 109 Undeposited Cash on Hand 158 111 Insufficient Checks Returned 159 Telephone Equipment 131 Inventory – Bookstore 160 Data Processing Equipment 132 Inventory – Ministry 161 Transportation Equipment 133 Inventory – Library 164 Sign Security Control System 141 Advances to Employees 165 142 Advances to Needy Families 166 Radio & Broadcasting Equipment Other Classified Assets 146 Investments 169 147 Prepaid Ministry Interest **Other Ministry Assets** 148 Unclassified 190 Deposits 149 Unclassified 191 Rent Security Deposits 197 Organization Expense **Property & Equipment** 198 Less: Amortization 150 Land 151 Worship & Administration Center 199 Unexpired Insurance 152 Furniture, Fixtures & Chairs

LIABILITIES AND FUND EQUITY

Curr	ent Liabilities	Long-Term Debt
221	Notes Payable (Classified)	261 Notes Payable (Classified)
222	Notes Payable (Classified)	262 Notes Payable (Classified)
223	Notes Payable (Classified)	263 Notes Payable (Classified)
224	Notes Payable (Classified)	264 Notes Payable (Classified)
232	Employee FICA Taxes	
233	Employee Federal Withholding	Fund Equity
234	Employee State Income Tax	271 Fund Balance Beginning
237	Group Insurance	
246	Accrued Taxes	
248	Accrued Interest	
251	Loans Payable	

Chumas Certified Chart of Accounts for 501(c)(3) Churches & Nonprofit Organizations

(Restricted Use)

DEPARTMENT 1

Revenue Accounts 1301 Tithes, Love Offerings & Gifts 1315 Pastor's Special Offerings 1302 Books & Tapes 1316 Sunday School Missions – Foreign & Domestic 1317 1303 Radio Broadcasting **Academy Tuition & Projects** 1304 1318 **Television Broadcasting** 1305 **Building Fund** 1319 **Special Church Activities** 1306 **Special Offerings** 1320 **Designated Offerings** 1307 Stewardship Campaign 1321 **Designated Offerings** 1308 Pastor's Tapes & Books 1322 **Designated Offerings** 1323 1309 School of Ministry **Undesignated Offerings** 1324 1310 Singles' Ministry **Undesignated Offerings** Men's Fellowship 1325 **Undesignated Offerings** 1311 1312 Women's Fellowship 1391 Interest Income 1313 Children's Church Ministry 1399 Miscellaneous Income

Account numbers 1326–1390 are available for future classification. Please note account titles can be changed.

To assign department accounts refer to the following:

- For churches that do not desire departmentalization, please delete prefix in front of account number
- 1301 Prefix #1 = Department One

Youth Department

1314

- 2301 Prefix #2 = Department Two
- 3301 Prefix #3 = Department Three
- 4301 Prefix #4 = Department Four
- 5301 Prefix #5 = Department Five
- 6301 Prefix #6 = Department Six
- 7301 Prefix #7 = Department Seven
- 8301 Prefix #8 = Department Eight
- 9301 Prefix #9 = Department Nine

Chumas Certified Chart of Accounts for 501(c)(3) Churches & Nonprofit Organizations (Restricted Use)

Minis	try Expenses	1562	Light Force Expenses
1501	Salaries & Wages – Ministry	1563	Office Supplies
1502	Salaries & Wages – Academy	1564	Outside Services, Musicians &
1503	Casual Labor		Other
1507	Advertising & Promotion	1565	Penalty & Late Fees
1508	Alarm Security System	1566	Pastor's Library – Tapes, Books &
1509	Amortization		Study Material
1510	Appraisal Fees	1567	Pension & Profit Sharing
1511	Auto & Transportation Expense	1568	Postage & Shipping Cost
1516	Bank & Service Charge Fees	1570	Professional Fees
1517	Books & Tapes	1571	Purchases – Equipment (Under
1518	Broadcast & Radio Airtime	10,1	\$200.00)
1521	Children's & Nursery Ministry	1572	Rent
1523	Cleaning, Supplies & Ground	1573	Rental Equipment
1020	Maintenance	1574	Repairs & Maintenance
1524	Convocation	1575	Royal Ranges
1525	Commissions	1576	Singles
1529	Data Processing Fees & Supplies	1577	Seminars, Conferences &
1534	Depreciation	10 , ,	Education
1535	Donations & Benevolence	1578	Stationery, Printing & Publication
1536	Dues & Subscriptions	1579	Supplies
1537	Fellowships & Church Activities	1580	Taxes – General
1538	Flowers, Fruit Baskets & Gifts	1581	Taxes – Corporate State Income
1539	Food Ministry – Gifts in Kind	1582	Taxes – Payroll
1541	Honorariums & Love Offerings	1583	Taxes – Property
1544	Housing Allowances	1585	Taxes – Real Estate
1545	Insurance – General	1586	Taxes – Sales
1546	Insurance – Group	1592	Telephone & Long Distance Calls
1547	Insurance – Life	1594	Travel, Meals & Lodging – Staff
1551	Interest	1595	Travel, Meals & Lodging – Guest
1552	Ladies' & Men's Fellowship	1596	Utilities
1553	Laundry	1597	Youth Activities
1554	Legal Fees	1599	
1555	Lease Equipment		
1556	Ministry of Helps	Other	Income
1557	License, Permits & Renewal Fees	971-9	
1558	Missions – Foreign & Domestic		
1559	Needy Families & Benevolence	Other	Expense
1560	Nursery Workers	981–9	<u>=</u>
1561	Loan Processing Fees	, , ,	
	6		

Contribution Data Form

Page 1

A Gener	al Cash	Service Data
Denomination	Amount	Date:
Hundreds		Day: S M T W T F S
Fifties		Time: A.M. P.M.
Twenties		Weather: Good Fair Poor
Tens		Comments:
Fives		
Ones		
		Attendance: Good Fair Poor
Coins		Estimated Attendance Number:
		Promotion:
A-Total		
	arv	Signatures of Coun
Summ		Signatures of Coun
Summ Carry all totals to		
Summ Carry all totals to A - General Cash		
Summ Carry all totals to		

Contribution Data Form

Page 2

В	Check	S		
#	Name	1	Amount	t
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C	Cash Enve	el	opes
#	Name	1	Amount
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			\vdash
		\vdash	
Sub	total		
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	al - C		

	Additional Data			hahas		Date Page			
_	Checks		Cash	_		Checks		Cash	
#	Name	V	Amount	#	ŧ	Name	V	Amou	nt
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Total	(Carry total to appropriate space on Data Form)			Tot	tal	(Carry total to appropriate space on Data Form)			

Employee Expense Report

Name			 Position/Department 	rtment	Date_	
Date	Payee/Place	Ministry Purpose (Activity/Event and Nature of Discussions or use space for Description of Expenditure)	se f Discussions f Expenditure)	Ministry Relationship (Name of Guest(s) and Position/Title or use space for Additional Support)	Amount (See Note 2)	Account Numbe To Be Charged
ote I – All	Note I – All employee expense reimbursements must be properly	ents must be properly	Total of Abov	Total of Above Expenditures	∽	
sub: Exp cop;	substantiated in accordance with the ministry's "Accountable Expense Reimbursement Plan." Each employee should have a copy of this plan for their review.	the ministry's "Accountable ach employee should have a	Less Expense Less Amount	Less Expense Advances Dated		
l ote 2 – Atta of \$.	Note 2 – Attach receipts or written evidence for all expenditures of \$25 or more.	e for all expenditures:	Balance Due	Balance Due To (From) Employee	⊗	
Employee's Signature	ignature	Date		Approved By	Õ	Date
^ J						

Expense Allocation

			Fund	
ck Number		Date of Allocation		
e: Attach supp	orting documentati	on relating to allocation.		
PO Number	Account Number	Account Name/Description	Debit Amount	Credit Amoun
			\$	\$
named Dec			D-4	
bared by			Date	

Furniture, Fixtures and Equipment Schedule Explanations

Description	Purpose	Example
Tag #	A pre-defined number for this item	0001
Building Location	The building where this item is located	Church Office
Room #	The room number where the item is located	A001
Class	FN (Furniture, FX (Fixture), EQ (Equipment), I (Improvements), B (Building), L (Land)	EQ
New/Used	Purchased as N (new) or U (used)	N
Ministry Using	To identify main ministry use of item	A (Admin.)
Description	A brief description of the item	IBM typewriter
Comment	A brief comment concerning the item	Secretary's typewriter
Fund Acq.	Fund from which item is acquired	GEN
Check #	The check number under which item was purchased	3762
Vendor	Where item was purchased	Howell Typewriters
Model #	The model number of the item	IBM5092
Serial #	The serial number of the item	137564
Purchase Date	The date the item was purchased	05/11/89
Warranty Coverage	The period which the warranty is in effect	2 yrs
Service Contract	The type of service contract purchased	Annual
Srv. Cont. Cost	The cost of the service contract for the item	90.00
Expected Life	The life expectancy of the item in months	120
Purchase Cost	The cost of the item (with dollars & cents)	295.00
Capitalized	The cost of the item (with dollars & cents) for items that have been capitalized	295.00
Replace Date	The expected date of replacement for the item	05/99
Date of Sale	The date the item was sold	11/05/92
Sale Amount	The amount received from the sale of the item	175.00

Furniture, Fixtures, and Equipment Schedule

	Sale Amount																				
	Date Sale																				
	Replace Date																				
	Capi- talized																				
	Purchase Cost																				
	Expected Life																				
	Srv. Cont. Cost																				
-	Service Contract																				
	Warranty Coverage																				
	Purchase Date																				
	Serial #																				
	Model #																				
50																					
For Calendar Year Ending	Vendor																				
endar Ye	Check #																				
r Cal	Fund Acq.																				
Fo	Comment																				
	Description																				
-	Ministry Use																				
	New/ Used																				
	Class.	1													1				T	1	
	Room #																				
	Bldg. Location																				
	Tag #																				
								,	236	_											

Individual Contribution Ledger Year____ Name Address ____ State____ Zip___ E-mail_ Home Phone_ Work Phone_ Cell Phone_ CID Number Second Quarter April, May, June **First Quarter** January, February, March Date Date Tithes Tithes Offerings Offerings Totals **Total Contributions, 1st Quarter Total Contributions, 2nd Quarter** Certified by Authorized Agent. Once signature is affixed on line below, no adjustment can be made.

Individual Contribution Ledger

Side 2

Date	Tithes	Offerings				Date	Tithes	Offerings			
	-	-			+					-	-
											1
					+						1
					+						
											1
	-				+						
					+						
					1						
tals					\dagger	Totals					
Total	Contribut	ions, 3rd Q	uarter			Total	Contribut	ions, 4th Q	uarter		•
he fin	ancial rec	ords of this	church l	nave heer	n verified to	reflect the to	ntal of you	r contributi	ons in		are
	ariolal 160	o. do or tille								d boroin -	_
				e event t	nat your rec	ords are diffe	SIGHT HOH	i tile alliou	าเจ รเสเยเ	лиегент, р	nease

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Authorized Agent

Date

information will remain on file which is prescribed in the regulations of the IRS Code.

Informal Pledge / One-Time Contribution

Realizing the importance	e and need of			,
I would like to have a pa	art in helping to attain	a goal of \$		
set by				·
I would like to make a o	ne-time contribution	of \$	_·	
		OR		
I would like to pledge \$		over a	year or a	month period
at the rate of \$		per month to commence on		·
Please apply my monthly	y contribution to the	category(ies) noted below:		
Endov	<u>vment</u>	<u>I</u>	Building/Improvemo	e <u>nt</u>
Benevolence	\$		\$	
Student Scholarship				
Where Needed		Where Need		
Name (please print)				
Address				
City		5	StateZIp_	
Signature			Date	

(You will never be billed for this pledge.)

Invoice

Iinistry Addr	ess:				
			Date		
			Invoice No		
			Customer No.		
OLD TO:		SH	ІР ТО:		
our Order I	No. Our Order No	. Date Shipped	Shipped Via	FOB	Terms
Item	Quantity Ordered	Description	Quantity Shipped	Unit Price	Amount

Thank You For Your Order

TOTAL DUE \$

Living Memorial Gift

To make a Living Memorial Gift in honor of a friend or loved one, fill in	n the full inform	ation below and mail,
with your gift, to		· · · · · · · · · · · · · · · · · · ·
attention of	·	
Enclosed is a check (or money order) for: \square \$10 \square \$25 \square \$50 \square	\$100 🗆 \$	
This Living Memorial Gift is given to the glory of God and in loving me	emory of:	
(Please Print Name)		
Given By		
Relationship		
Address		
City	State	Zip
Please send Memorial Card to:		
Name		
Address		
City	State	Zip
In most instances, this gift will be tax deductible. Con	ntact your tax a	dvisor.
Living Memorial G. To make a Living Memorial Gift in honor of a friend or loved one, fill in with your gift, to	n the full inform	
To make a Living Memorial Gift in honor of a friend or loved one, fill in with your gift, to	n the full inform	
To make a Living Memorial Gift in honor of a friend or loved one, fill in with your gift, to	n the full inform	,
To make a Living Memorial Gift in honor of a friend or loved one, fill in with your gift, to	the full inform	,
To make a Living Memorial Gift in honor of a friend or loved one, fill in with your gift, to	the full inform	,
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To make a Living Memorial Gift in honor of a friend or loved one, fill in with your gift, to	the full inform \$100 \$\sumsets\$ \$===================================	,
To make a Living Memorial Gift in honor of a friend or loved one, fill in with your gift, to	the full inform \$100 \$\sum_{\text{emory of:}}\$,
To make a Living Memorial Gift in honor of a friend or loved one, fill in with your gift, to	the full inform \$100 \$\sum_{\text{emory of:}}\$,
To make a Living Memorial Gift in honor of a friend or loved one, fill in with your gift, to	the full inform \$100 \$\sum_{\text{emory of:}}\$,
To make a Living Memorial Gift in honor of a friend or loved one, fill in with your gift, to	the full inform \$100 \$\sum_{\text{emory of:}}\$,
To make a Living Memorial Gift in honor of a friend or loved one, fill in with your gift, to	the full inform . \$100	· · · · · · · · · · · · · · · · · · ·

In most instances, this gift will be tax deductible. Contact your tax advisor.

Ministry Mileage Log

Name		Position/Department		Ď	Date	
Date	Destination	Purpose/Contact	Odor Start	Odometer Finish	Miles Driven	Parking Fees and Tolls
						∽
Note 1 - The	The following nersonal use mileage must	nust be excluded from reimbursement.	Total Miles Driven	ven		
	Commuting to and from home and office	9	IRS Standard Mileage Rate	Iileage Rate	X	
$\begin{array}{c} (2) \text{ K} \\ (3) \text{ F} \end{array}$	 Keguiar ministry related business performed on the way Functions where you personally received an honorarium. 	med on the way to office or returning home. an honorarium.			\$	\$
Note 2 - This log	Note 2 - This log can be attached to your Employee Expense Report for reimbursement.	sse Report for reimbursement.	TOTAL DO	TOTAL DOLLAR REIMBURSEMENT	URSEMENT	∽

Approved By .

Date_

Employee's Signature

Office Supply Request

	partmentnber to Charge		Date Needed	
Quantity	Catalog Number	Description of Item	Unit Price	Total Price
			\$	\$
			GRAND TOTAL	\$
Requested B	у		Date	
Approved By	·		Date	

Date Ordered ______ Date Received_____

Payroll Tax Deposit Record

Tax Deposit Period Ending _____

E-malana Nama	Emp	oloyee	CA Employ	er Match Social Sec.	Federal
Employee Name	Medicare	Social Sec.	Medicare	Social Sec.	Withholdin
Subtotals	\$	\$	\$	\$	\$
TOTAL	\$		\$	•	\$
			1		<u> </u>

Prepared By ______ Date____

Petty Cash Reimbursement

		Beginning Cash Balance	\$	
Date	Petty Cash Ticket Number	Description	Amount	Account No To Charge
		2 coccupation.		10 chunge
		Ending Cash Balance		(1)
		Required Reimbursement		(2)
		New Beginning Cash Balance	\$	
	led to actual cash in Petty eceipts substantiating rein			
1 D -	,		Date	
narea By	/			

Purchase/Funds Request

Name		_	
		(C-1 T	ax Exemption No.)
Ministry		_ Department	
	_ Account No		
Date Required	Date Ordered	Special Instructions	
Payee Name		<u> </u>	
Address		Ship to Attention of	
City/State/Zip		Department	
Quantity	Descr	iption	Amount
IMPORTANT: Request N	o. must appear on all invoices,	Requested By	Date
packages, and correspond	lence. Requests are unauthorized		
if received without a prop Payee Copy – White No		Approved By	
			EC NI)
Address		(Sales T	ax Exemption No.)
City/State/Zip		- No	
Telephone		No.	
Ministry		_ Department	
Fund	_ Account No	Account Description	
		<u>-</u>	
Date Required	Date Ordered	Special Instructions	
•			
City/State/Zip		Department	
Quantity	Descr	iption	Amount
	o. must appear on all invoices,	Requested By	Date
packages, and correspona if received without a prop	lence. Requests are unauthorized er approved signature.	Approved By	Date
		ppy – Canary Receiving Copy – Pink	

Receiving Report

Date_____

Received From_								
					UPS - P.Post		ipper's T r Expres	
Shipped From					☐ Truck		press Ma	
					☐ Rail		-	
					☐ Prepaid	d 🗆 Co	llect \$ _	
Our Order #	Date Shipped	Ship	ped Att	ention Of	Locati	ion	I	Phone
Quantity	Descript	ion		Number of Packages	Weight		kage lition	Rec. By Initials
Shipment: ☐ Complete	Total Number of		Total		Number Iter			
☐ Partial	of Packages		Weigh	nt	Rec. Dan			
Received By		Date		Received in O	ffice By		D	ate

Record of Cash Contributions

Address	Name	 		 			
State Zip Standay First Second Quarter Quarter Quarter Quarter Quarter Quarter Date Designated Gifts Amount							
Sunday Quarter Quarter Quarter Quarter Date Designated Gifts Amount					StateZip		
2 3 4 5 5 1 1 2 2 3 3 4 5 5 1 1 2 2 3 3 4 4 5 5 7 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Sunday			Date	Designated Gifts	Amoun	 t
3	1					\$	
4	2						
5 1 2 3 4 5 5 5 5 5 5 5 5 5	3						
1	4						
2	5						
3	1						
4	2						
5	3						
1	4						
2	5						
3 4 5 Paid This Quarter Paid To Date Total Designated for Year	1		j				
4 5 Paid This Quarter Paid To Date Total Designated for Year	2						
Paid This Quarter Paid To Date Total Designated for Year	3						
Paid This Quarter Paid To Date Total Designated for Year	4						
Quarter Paid To Date Total Designated for Year	5						
Date Total Designated for Year							
Total Budget for Year		 		 Т	Total Designated for Year		
					Total Budget for Year		

Request for Quotation

Quotation From	:		Number This number must appear on quotation responsand all related correspondence. THIS IS NOT AN ORDER					
Request	Date	Quote to Us By	Requesto	ed Terms	Rec	quested FOB		
Item	Quantity Requested	Description	n	Unit Count	Unit Price	Total Amount		
					\$	\$		
Reply Directly	To:	I	Date Received					
		1	Delivery Promis	ed				
		-	Total Amount Pi	rojected				
		1	Reason Order W	as/Was No	ot Placed With	This Vendor:		

Statement

nistry Address:		Date		
		Terms		
		Amount Rei	mitted \$	
	Please detach and i	return with your remitt	ance.	
Date	Description	Charge	Credit	Balanc
		Previous Balance Bro	ught Forward	\$

PLEASE PAY THIS AMOUNT

Statement of Support and Revenue & Costs and Expenses

For Year Ending	
Support and Revenue:	
Budget tithes and offerings	\$
Designated contributions	
Non-cash gifts (stated at fair market value)	
Merchandise sales	
Gain (Loss) on sale of assets	
Investment income	
Total Support and Revenue	
Costs and Expenses:	
Missions	
Evangelism and discipleship	
Worship and pastoral	
Music	
Education	
Administration	
Operations of facilities	
Debt service	
Capital projects/property and equipment	
Total Costs and Expenses	
Excess (Deficiency) of Support and Revenue over Costs and Expenses	
Caritaliand Carta and Emmana	
Capitalized Costs and Expenses:	
Principal reduction on debt	
Capital projects/property and equipment	
Total Capitalized Costs and Expenses	
Excess (Deficiency) of Support and Revenue over Costs and Expenses and Capitalized Costs and Expenses	
Net Assets, beginning of year	
Net Assets end of year	\$

Time Sheet – Administrative Employee

		Time	Out	In	Out	In	Time	For Day
N	Sun							
Name	Mon							
Dept./Position	Tues							
D D : 15 !!	Wed							
Pay Period Ending	Thu							
	Fri							
	Sat							
For Office Use Only					Tot	al Hours -	- Week 1	
Described Herman	Sun							
Regular Hours	Mon							
Overtime Hours	Tues							
	Wed							
Other	Thu							
	Fri							
	Sat							
					Tot	al Hours	- Week 2	
						TOTAL	HOURS	
							_	
Employee's Signature		Supervis	or's Sig	nature				
Time Sheet		nistr	ative	Emi	alove	Δ		
Time Sheet	– Admiı						Ending	Total
Time Sheet	– Admiı	nistra Beginning Time		Em _{In}		e her In	Ending Time	Total For Day
	Sun	Beginning	Lu	nch	Ot	her		
Time Sheet	Sun	Beginning	Lu	nch	Ot	her		
	Sun ——— Mon	Beginning	Lu	nch	Ot	her		
Name Dept./Position	Sun Mon Tues Wed	Beginning	Lu	nch	Ot	her		
Name	Sun Mon Tues Wed Thu	Beginning	Lu	nch	Ot	her		
Name Dept./Position	Sun Mon Tues Wed Thu Fri	Beginning	Lu	nch	Ot	her		
Name Dept./Position	Sun Mon Tues Wed Thu	Beginning	Lu	nch	Out	her In	Time	
Name Dept./Position Pay Period Ending	Sun Mon Tues Wed Thu Fri	Beginning	Lu	nch	Out	her	Time	
Name Dept./Position Pay Period Ending For Office Use Only	Sun Mon Tues Wed Thu Fri	Beginning	Lu	nch	Out	her In	Time	
Name Dept./Position Pay Period Ending	Sun Mon Tues Wed Thu Fri Sat	Beginning	Lu	nch	Out	her In	Time	
Name Dept./Position Pay Period Ending For Office Use Only Regular Hours	Sun Mon Tues Wed Thu Fri Sat	Beginning	Lu	nch	Out	her In	Time	
Name Dept./Position Pay Period Ending For Office Use Only Regular Hours Overtime Hours	Sun Mon Tues Wed Thu Fri Sat	Beginning	Lu	nch	Out	her In	Time	
Name Dept./Position Pay Period Ending For Office Use Only Regular Hours	Sun Mon Tues Wed Thu Fri Sat Sun Mon Tues	Beginning	Lu	nch	Out	her In	Time	
Name Dept./Position Pay Period Ending For Office Use Only Regular Hours Overtime Hours	Sun Mon Tues Wed Thu Fri Sat Sun Mon Tues Wed	Beginning	Lu	nch	Out	her In	Time	
Name Dept./Position Pay Period Ending For Office Use Only Regular Hours Overtime Hours	Sun Mon Tues Wed Thu Fri Sat Sun Mon Tues Wed Thu	Beginning	Lu	nch	Out	her In	Time	
Name Dept./Position Pay Period Ending For Office Use Only Regular Hours Overtime Hours	Sun Mon Tues Wed Thu Fri Sat Sun Mon Tues Wed Thu Fri	Beginning	Lu	nch	Tot	her In	Time	
Name Dept./Position Pay Period Ending For Office Use Only Regular Hours Overtime Hours	Sun Mon Tues Wed Thu Fri Sat Sun Mon Tues Wed Thu Fri	Beginning	Lu	nch	Tot	al Hours	Time - Week 1 - Week 2	
Name Dept./Position Pay Period Ending For Office Use Only Regular Hours Overtime Hours	Sun Mon Tues Wed Thu Fri Sat Sun Mon Tues Wed Thu Fri	Beginning	Lu	nch	Tot	al Hours	Time	

Time Sheet – Ministry Employee

		Date	Ministry Description	Beginning Time	Ending Time	Total For Day
Name	Sun					
Name	Mon					
Dept./Position	Tues					
Day Daried Ending	Wed					
Pay Period Ending						
	Fri					
	Sat		т	otal Hours –	Wl- 1	
For Office Use Only				otai Hours -	- week 1	
Regular Hours	Sun					
Regular Hours	Mon					
Overtime Hours	Tues					
Othor	Wed					
Other	Thu					
	Fri					
	Sat					
			1	otal Hours –	- Week 2	
				TOTAL	HOURS	
Employee's Signature Time She			y Employee			
Time She		Date	Ministry Description	Beginning Time	Ending Time	Total For Day
	Sun	240	namon's Description	111111		10124
Name	Mon					
Dept./Position	Tues					
	Wed					
Pay Period Ending	Thu					
	Fri					
	Sat					
For Office Use Only			Т	otal Hours –	Week 1	
	Sun					
Regular Hours	Mon					
Overtime Hours	Tues					
o vertime from	Wed					
Other	Thu					
	Fri					
	Sat					
	1 .					
			Т	otal Hours -	- Week 2	
			Т		г	
			Т	otal Hours -	г	

Time Sheet — Bi-Weekly

Name of Employee								Signat	ure of E	Signature of Employee_						
Employee Payroll Number	er							Appro	val by S	Approval by Supervisor_	i					
Ministry/Department								Author	rization	Authorization of Overtime	ime					
Payroll Period Ending_								Reason	Reason for Overtime	ertime_						
Description of Hours	Sun	Mon	Lues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Reg Hours	Overtime Hours
Hours Worked (1)																
Holiday																
Vacation																
Revival																
Conference																
Personal Illness																
Family Death																
Jury Duty																
Leaves of Absence (2)																
Personal Time Off (2)																
Daily Totals																

(1) Hourly employees must complete the bottom section of this time sheet. (2) Without pay. This time sheet must be personally filled out and signed by employee. No person is permitted to work overtime without obtaining prior special authorization.

Support for Hours Worked

	Sun Mon	Mon	Tues	Tues Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat
In														
Out														
In														
Out														
Hours Worked														

Weekly Summary

MONDAY In Date: Out In Out TUESDAY In Date: Out WEDNESDAY In Date: Out Date: Out Date: Out	Total Hours	Weekly Assignment	Regular Hours	O.T. Hours
DAY DAY				
DAY				
DAY VESDAY				
DAY				
DAY				
VESDAY				
VESDAY				
NESDAY				
VESDAY				
In				
, iii				
1100				
THURSDAY In				
Date: Out				
In				
Out				
FRIDAY In				
Date: Out				
In				
Out				
SATURDAY In				
Date: Out				
In				
Out				
SUNDAY In				
Date: Out				
In				
Out				

EMPLOYEE TIME	(E CARD
Week Ending:	
Employee's Name:	
Hrs. Worked	Amount
Regular	8
Over Time	\$
GROSS WAGES	∽
Doductions	
FICA (Social Security)	\$
	\$
Federal Tax	∽
State Tax	\$
	\$
	\$
	\$
Total Deductions	∽
NET PAY	∽
Check No:	
Date:	

Vendor Information Sheet

Vendor Code	Vendor Class	
Vendor Name		
Usual Terms		
Order Address		
D A 11		
Payment Address		
Comments		
		
A		
Account #		
Federal ID #		
Credit Manager		
Phone		
	I	Prepared By
Salesperson	I	Date Prepared
Phone		Date Input