

Acknowledgement of Non-Cash Gifts

Date _____ Receipt Number _____

Donor's Name _____

Address _____

City _____ State _____ Zip _____

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 the proceeds being applied to the designated program/ministry as stated above. Yes No

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

| Attendance | | | | Income | | | |
|------------|------------|------------|-------------|--------|--------|------------|-------------|
| Week | Attendance | Cumulative | Average YTD | Week | Income | Cumulative | Average YTD |
| 1 | | | | 1 | \$ | \$ | \$ |
| 2 | | | | 2 | \$ | \$ | \$ |
| 3 | | | | 3 | \$ | \$ | \$ |
| 4 | | | | 4 | \$ | \$ | \$ |
| 5 | | | | 5 | \$ | \$ | \$ |
| 6 | | | | 6 | \$ | \$ | \$ |
| 7 | | | | 7 | \$ | \$ | \$ |
| 8 | | | | 8 | \$ | \$ | \$ |
| 9 | | | | 9 | \$ | \$ | \$ |
| 10 | | | | 10 | \$ | \$ | \$ |
| 11 | | | | 11 | \$ | \$ | \$ |
| 12 | | | | 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 | | | | 42 | \$ | \$ | \$ |
| 43 | | | | 43 | \$ | \$ | \$ |
| 44 | | | | 44 | \$ | \$ | \$ |
| 45 | | | | 45 | \$ | \$ | \$ |
| 46 | | | | 46 | \$ | \$ | \$ |
| 47 | | | | 47 | \$ | \$ | \$ |
| 48 | | | | 48 | \$ | \$ | \$ |
| 49 | | | | 49 | \$ | \$ | \$ |
| 50 | | | | 50 | \$ | \$ | \$ |
| 51 | | | | 51 | \$ | \$ | \$ |
| 52 | | | | 52 | \$ | \$ | \$ |

Balance Sheet

For Year Ending _____

ASSETS

| | |
|---|----------|
| Cash and Cash Equivalents | \$ _____ |
| Inventories | _____ |
| Prepaid Expenses | _____ |
| _____ | _____ |
| Property and Equipment, at cost net of accumulated depreciation | _____ |
| _____ | _____ |
| Other Assets | _____ |
| | _____ |
| | \$ _____ |

LIABILITIES AND NET ASSETS

Liabilities:

| | |
|---------------------------------------|----------|
| Accounts payable and accrued expenses | \$ _____ |
| _____ | _____ |
| Deferred revenue | _____ |
| _____ | _____ |
| Long-term debt | _____ |
| | _____ |
| Total Liabilities | _____ |

Net Assets:

| | |
|--|----------|
| Unrestricted | _____ |
| Restricted | _____ |
| Net investment in property 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 \$ _____
 Event _____
 Comments _____

Details of Expenses (Attach all receipts)

| Date | Description | Amount | Account Number to Charge |
|-------|-----------------|----------|--------------------------|
| _____ | _____ | \$ _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | Total | \$ _____ | |
| | Amount Returned | \$ _____ | |

Prepared By _____ Date _____
 Reviewed By _____ Date _____

Cash Disbursements Ledger

Year End Summary _____, _____

| Month | Total Cash Disbursement | Missions | Evangelism/ Discipleship | Worship/ Pastoral | Education | Administration | Operation of Facilities | Capital Projects |
|------------------------|-------------------------|-----------|-----------------------------|----------------------|-----------|----------------|----------------------------|---------------------|
| January | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| February | | | | | | | | |
| March | | | | | | | | |
| April | | | | | | | | |
| May | | | | | | | | |
| June | | | | | | | | |
| July | | | | | | | | |
| August | | | | | | | | |
| September | | | | | | | | |
| October | | | | | | | | |
| November | | | | | | | | |
| December | | | | | | | | |
| Totals for Year | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

Prepared By _____ Date _____ Reviewed By _____ Date _____

Cash Receipts Ledger

Month of _____

| Day | Receipt Description | Tithes and Offerings | _____ | | _____ | | _____ | | Other | | Total Daily Receipts |
|-------------------------|---------------------|-------------------------|-------|----|-------|----|-------|----|-------------------|--------|-------------------------|
| | | | \$ | | \$ | | \$ | | Rept. Description | Amount | |
| 1 | | \$ | | \$ | | \$ | | \$ | | | \$ |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
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| 29 | | | | | | | | | | | |
| 30 | | | | | | | | | | | |
| 31 | | | | | | | | | | | |
| Totals for Month | | \$ | | \$ | | \$ | | \$ | | \$ | \$ |

Prepared By _____ Date _____ Reviewed By _____ Date _____

Cash Receipts Ledger

Year End Summary _____, _____

| Totals for Month | Tithes and Offerings | \$ | \$ | \$ | \$ | \$ | \$ | Other | | Total Cash Receipts |
|------------------------|----------------------|-----------|-----------|-----------|-----------|-----------|-----------|-------------------|-----------|---------------------|
| | | | | | | | | Rcpt. Description | Amount | |
| January | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | \$ |
| February | | | | | | | | | | |
| March | | | | | | | | | | |
| April | | | | | | | | | | |
| May | | | | | | | | | | |
| June | | | | | | | | | | |
| July | | | | | | | | | | |
| August | | | | | | | | | | |
| September | | | | | | | | | | |
| October | | | | | | | | | | |
| November | | | | | | | | | | |
| December | | | | | | | | | | |
| Totals for Year | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

Prepared By _____ Date _____ Reviewed By _____ Date _____

Cash Transmittal

To: Business Office

From: _____

| Please credit the enclosed funds to the following: | | | Reconciliation of Funds: | |
|--|--------------|--------|---------------------------|--------|
| Account Number | Account Name | Amount | Coins: \$ _____ | |
| | | \$ | Currency: \$ _____ | |
| | | | Checks (See Note 1) | |
| | | | Name | Amount |
| | | | | \$ |
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| | | | | |
| | | | 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

Fund _____

GENERAL INFORMATION

Payable to _____ (Vendor # _____) Distribution _____

Address _____

City _____ State _____ Zip _____

Date Required _____ Total Amount \$ _____

Description _____

ACCOUNT DISTRIBUTION

| PO Number | Account Number | Account Description | Amount |
|-----------|----------------|---------------------|--------|
| | | | \$ |
| | | | |
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| | | | |
| Total | | | \$ |

REQUIRED SIGNATURES

Prepared By _____ Date _____

Approved By _____ Date _____

FOR BUSINESS USE ONLY

Verified:

Invoice to PO # _____ Discount Taken _____
 Footings _____ Payment Terms _____
 Calculations _____ Account Number _____
 Tax Exemption _____ Adequate Support _____
 Items Received _____ Prior Approval _____
 Service Performed _____ Form 1099 _____

Paid:

Date _____
 Check Number _____
 General Ledger:
 Entered _____

Comments _____

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

ASSETS

Current Assets

| | |
|-----|------------------------------|
| 101 | Cash in Bank – Checking |
| 102 | Cash in Bank – Academy |
| 103 | Cash in Bank – Bookstore |
| 104 | Cash in Bank – Building Fund |
| 108 | Cash in Petty Cash Fund |
| 109 | Undeposited Cash on Hand |
| 111 | Insufficient Checks Returned |
| 131 | Inventory – Bookstore |
| 132 | Inventory – Ministry |
| 133 | Inventory – Library |
| 141 | Advances to Employees |
| 142 | Advances to Needy Families |
| 146 | Investments |
| 147 | Prepaid Ministry Interest |
| 148 | Unclassified |
| 149 | Unclassified |

Property & Equipment

| | |
|-----|---------------------------------|
| 150 | Land |
| 151 | Worship & Administration Center |
| 152 | Furniture, Fixtures & Chairs |

| | |
|-----|---------------------------------|
| 153 | Office Equipment |
| 154 | Musical Equipment |
| 155 | PA & Electronic Sound Equipment |
| 156 | Satellite Equipment |
| 157 | Church Building Improvements |
| 158 | Nursery & Children’s Church |
| 159 | Telephone Equipment |
| 160 | Data Processing Equipment |
| 161 | Transportation Equipment |
| 164 | Sign |
| 165 | Security Control System |
| 166 | Radio & Broadcasting Equipment |
| 169 | Other Classified Assets |

Other Ministry Assets

| | |
|-----|------------------------|
| 190 | Deposits |
| 191 | Rent Security Deposits |
| 197 | Organization Expense |
| 198 | Less: Amortization |
| 199 | Unexpired Insurance |

LIABILITIES AND FUND EQUITY

Current Liabilities

| | |
|-----|------------------------------|
| 221 | Notes Payable (Classified) |
| 222 | Notes Payable (Classified) |
| 223 | Notes Payable (Classified) |
| 224 | Notes Payable (Classified) |
| 232 | Employee FICA Taxes |
| 233 | Employee Federal Withholding |
| 234 | Employee State Income Tax |
| 237 | Group Insurance |
| 246 | Accrued Taxes |
| 248 | Accrued Interest |
| 251 | Loans Payable |

Long-Term Debt

| | |
|-----|----------------------------|
| 261 | Notes Payable (Classified) |
| 262 | Notes Payable (Classified) |
| 263 | Notes Payable (Classified) |
| 264 | Notes Payable (Classified) |

Fund Equity

| | |
|-----|------------------------|
| 271 | Fund Balance Beginning |
|-----|------------------------|

**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 |
| 1303 | Missions – Foreign & Domestic | 1317 | Radio Broadcasting |
| 1304 | Academy Tuition & Projects | 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 |
| 1309 | School of Ministry | 1323 | Undesignated Offerings |
| 1310 | Singles' Ministry | 1324 | Undesignated Offerings |
| 1311 | Men's Fellowship | 1325 | Undesignated Offerings |
| 1312 | Women's Fellowship | 1391 | Interest Income |
| 1313 | Children's Church Ministry | 1399 | Miscellaneous Income |
| 1314 | Youth Department | | |

Account numbers 1326–1390 are available for future classification.

Please note account titles can be changed.

To assign department accounts refer to the following:

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

Ministry Expenses

- 1501 Salaries & Wages – Ministry
- 1502 Salaries & Wages – Academy
- 1503 Casual Labor
- 1507 Advertising & Promotion
- 1508 Alarm Security System
- 1509 Amortization
- 1510 Appraisal Fees
- 1511 Auto & Transportation Expense
- 1516 Bank & Service Charge Fees
- 1517 Books & Tapes
- 1518 Broadcast & Radio Airtime
- 1521 Children’s & Nursery Ministry
- 1523 Cleaning, Supplies & Ground Maintenance
- 1524 Convocation
- 1525 Commissions
- 1529 Data Processing Fees & Supplies
- 1534 Depreciation
- 1535 Donations & Benevolence
- 1536 Dues & Subscriptions
- 1537 Fellowships & Church Activities
- 1538 Flowers, Fruit Baskets & Gifts
- 1539 Food Ministry – Gifts in Kind
- 1541 Honorariums & Love Offerings
- 1544 Housing Allowances
- 1545 Insurance – General
- 1546 Insurance – Group
- 1547 Insurance – Life
- 1551 Interest
- 1552 Ladies’ & Men’s Fellowship
- 1553 Laundry
- 1554 Legal Fees
- 1555 Lease Equipment
- 1556 Ministry of Helps
- 1557 License, Permits & Renewal Fees
- 1558 Missions – Foreign & Domestic
- 1559 Needy Families & Benevolence
- 1560 Nursery Workers
- 1561 Loan Processing Fees

- 1562 Light Force Expenses
- 1563 Office Supplies
- 1564 Outside Services, Musicians & Other
- 1565 Penalty & Late Fees
- 1566 Pastor’s Library – Tapes, Books & Study Material
- 1567 Pension & Profit Sharing
- 1568 Postage & Shipping Cost
- 1570 Professional Fees
- 1571 Purchases – Equipment (Under \$200.00)
- 1572 Rent
- 1573 Rental Equipment
- 1574 Repairs & Maintenance
- 1575 Royal Ranges
- 1576 Singles
- 1577 Seminars, Conferences & Education
- 1578 Stationery, Printing & Publication
- 1579 Supplies
- 1580 Taxes – General
- 1581 Taxes – Corporate State Income
- 1582 Taxes – Payroll
- 1583 Taxes – Property
- 1585 Taxes – Real Estate
- 1586 Taxes – Sales
- 1592 Telephone & Long Distance Calls
- 1594 Travel, Meals & Lodging – Staff
- 1595 Travel, Meals & Lodging – Guest
- 1596 Utilities
- 1597 Youth Activities
- 1599 Miscellaneous

Other Income

971–979

Other Expense

981–989

Contribution Data Form

| A | General Cash | |
|----------------|---------------------|--|
| Denomination | Amount | |
| Hundreds | | |
| Fifties | | |
| Twenties | | |
| Tens | | |
| Fives | | |
| Ones | | |
| | | |
| Coins | | |
| | | |
| A-Total | | |

| Service Data | |
|------------------------------|---------------------------|
| Date: | _____ |
| Day: | S M T W T F S |
| Time: | _____ A.M. P.M. |
| Weather: | Good Fair Poor |
| Comments: | _____ |
| | _____ |
| Attendance: | Good Fair Poor |
| Estimated Attendance Number: | _____ |
| Promotion: | _____ |
| Speaker: | _____ |

| Summary | | |
|---|--|--|
| Carry all totals to this section | | |
| A - General Cash | | |
| B - Checks | | |
| C - Cash Envelopes | | |
| Total Deposit | | |

| Signatures of Counters | |
|-------------------------------|-------|
| | _____ |
| | _____ |

Additional Form Used
 Checks Endorsed

Notes: _____

Expense Allocation

_____ Fund

Check Number _____ Date of Allocation _____

Note: Attach supporting documentation relating to allocation.

| PO Number | Account Number | Account Name/Description | Debit Amount | Credit Amount |
|--------------|-------------------|--------------------------|-----------------|------------------|
| | | | \$ | \$ |
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Prepared By _____ Date _____

Approved 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 |

Informal Pledge / One-Time Contribution

Realizing the importance and need of _____ ,

I would like to have a part in helping to attain a goal of \$ _____

set by _____ .

I would like to make a one-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 contribution to the category(ies) noted below:

Endowment

Building/Improvement

Benevolence \$ _____

Student Scholarship _____

Where Needed _____

Name (please print) _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

(You will never be billed for this pledge.)

Invoice

Ministry Address:

Date _____

Invoice No. _____

Customer No. _____

SOLD TO:

SHIP TO:

Your Order No. **Our Order No.** **Date Shipped** **Shipped Via** **FOB** **Terms**

| Item | Quantity Ordered | Description | Quantity Shipped | Unit Price | Amount |
|------|------------------|-------------|------------------|------------|--------|
| | | | | | |

TOTAL DUE \$

Thank You For Your Order

Living Memorial Gift

To make a Living Memorial Gift in honor of a friend or loved one, fill in the full information below and mail, with your gift, to _____, attention of _____.

Enclosed is a check (or money order) for: \$10 \$25 \$50 \$100 \$_____

This Living Memorial Gift is given to the glory of God and in loving memory 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. Contact your tax advisor.

Living Memorial Gift

To make a Living Memorial Gift in honor of a friend or loved one, fill in the full information below and mail, with your gift, to _____, attention of _____.

Enclosed is a check (or money order) for: \$10 \$25 \$50 \$100 \$_____

This Living Memorial Gift is given to the glory of God and in loving memory 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. Contact your tax advisor.

Ministry Mileage Log

Name _____ Position/Department _____ Date _____

| Date | Destination | Purpose/Contact | Odometer | | Miles Driven | Parking Fees and Tolls \$ |
|---|-------------|-----------------|----------|--------|--------------|------------------------------|
| | | | Start | Finish | | |
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| Total Miles Driven | | | | | | |
| <i>Note 1 – The following personal use mileage must be excluded from reimbursement:</i> (1) Commuting to and from home and office no matter how many trips are made each day. (2) Regular ministry related business performed on the way to office or returning home. (3) Functions where you personally received an honorarium. | | | | | X | |
| <i>Note 2 – This log can be attached to your Employee Expense Report for reimbursement.</i> | | | | | \$ | |
| TOTAL DOLLAR REIMBURSEMENT | | | | | \$ | |

Employee's Signature _____ Date _____ Approved By _____ Date _____

Payroll Tax Deposit Record

Tax Deposit Period Ending _____

| Employee Name | FICA | | | | Federal Withholding |
|------------------|-------------------|-------------|-------------------------|-------------|---------------------|
| | Employee Medicare | Social Sec. | Employer Match Medicare | Social Sec. | |
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| Subtotals | \$ | \$ | \$ | \$ | \$ |
| TOTAL | \$ | | \$ | | \$ |

Note: Subtotal and Total amounts should agree with the General Ledger.

DEPOSIT TOTAL: \$ _____

Prepared By _____ Date _____

Petty Cash Reimbursement

For Period _____

Ministry/Department _____

| | | | Beginning Cash Balance | \$ |
|-----------------------------------|-----------------------------|-------------|------------------------|--------------------------|
| Date | Petty Cash Ticket Number | Description | Amount | Account No. To Charge |
| | | | | |
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| | | | | |
| Ending Cash Balance | | | | (1) |
| Required Reimbursement | | | | (2) |
| New Beginning Cash Balance | | | \$ | |

(1) Reconciled to actual cash in Petty Cash Box/Bag
 (2) Attach receipts substantiating reimbursement

Prepared By _____ Date _____
 Approved By _____ Date _____

Purchase/Funds Request

Name _____
 Address _____
 City/State/Zip _____
 Telephone _____

(Sales Tax Exemption No.) _____

No. _____

Ministry _____ Department _____
 Fund _____ Account No. _____ Account Description _____

Date Required _____ Date Ordered _____ Special Instructions _____

Payee Name _____
 Address _____ Ship to Attention of _____
 City/State/Zip _____ Department _____

| Quantity | Description | Amount |
|----------|-------------|--------|
| | | |
| | | |
| | | |
| | | |

IMPORTANT: Request No. must appear on all invoices, packages, and correspondence. Requests are unauthorized if received without a proper approved signature.

Requested By _____ Date _____

Approved By _____ Date _____

Payee Copy – White Numerical File Copy – Green Invoice Copy – Canary Receiving Copy – Pink Initiator's Copy – Goldenrod

Purchase/Funds Request

Name _____
 Address _____
 City/State/Zip _____
 Telephone _____

(Sales Tax Exemption No.) _____

No. _____

Ministry _____ Department _____
 Fund _____ Account No. _____ Account Description _____

Date Required _____ Date Ordered _____ Special Instructions _____

Payee Name _____
 Address _____ Ship to Attention of _____
 City/State/Zip _____ Department _____

| Quantity | Description | Amount |
|----------|-------------|--------|
| | | |
| | | |
| | | |
| | | |

IMPORTANT: Request No. must appear on all invoices, packages, and correspondence. Requests are unauthorized if received without a proper approved signature.

Requested By _____ Date _____

Approved By _____ Date _____

Payee Copy – White Numerical File Copy – Green Invoice Copy – Canary Receiving Copy – Pink Initiator's Copy – Goldenrod

Receiving Report

Date _____

Received From _____

Address _____

City _____ State _____ Zip _____

Shipped From _____

| | |
|----------------------------------|---|
| Carrier Name _____ | |
| <input type="checkbox"/> UPS | <input type="checkbox"/> Shipper's Truck |
| <input type="checkbox"/> P.Post | <input type="checkbox"/> Air Express |
| <input type="checkbox"/> Truck | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Rail | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Prepaid | <input type="checkbox"/> Collect \$ _____ |

| Our Order # | | Date Shipped | Shipped Attention Of | | Location | Phone | |
|--|-------------|--------------------------------|----------------------|--------|--|------------------|------------|
| Quantity | Description | | Number of Packages | Weight | Package Condition | Rec. By Initials | |
| | | | | | | | |
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| | | | | | | | |
| Shipment: <input type="checkbox"/> Complete <input type="checkbox"/> Partial | | Total Number of Packages | Total Weight | | Number Items: <input type="checkbox"/> Rec. OK _____ <input type="checkbox"/> Rec. Damaged _____ | | |
| Received By _____ | | | Date _____ | | Received in Office By _____ | | Date _____ |

Record of Cash Contributions

For the _____ Month Period Ending _____

Name _____

Address _____

City _____ State _____ Zip _____

| Sunday | First Quarter | Second Quarter | Third Quarter | Fourth Quarter | Date | Designated Gifts | Amount |
|----------------------------------|---------------|----------------|---------------|----------------|------|------------------|--------|
| 1 | | | | | | | \$ |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| Paid This Quarter | | | | | | | |
| Paid To Date | | | | | | | |
| Total Designated for Year | | | | | | | |
| Total Budget for Year | | | | | | | |
| Total Gifts for Year | | | | | | | \$ |

Please compare this record with your cancelled checks or other support.

Request for Quotation

Quotation From:

Number _____

This number must appear on quotation response and all related correspondence.

THIS IS NOT AN ORDER

| Request Date | | Quote to Us By | Requested Terms | | Requested FOB | |
|--------------------|--------------------|----------------|---|------------|---------------|--------------|
| Item | Quantity Requested | Description | | Unit Count | Unit Price | Total Amount |
| | | | | | \$ | \$ |
| Reply Directly To: | | | Date Received | | | |
| | | | Delivery Promised | | | |
| | | | Total Amount Projected | | | |
| | | | Reason Order Was/Was Not Placed With This Vendor: | | | |

Statement

Ministry Address:

Date _____
 Number _____
 Terms _____
 Amount Remitted \$ _____

Please detach and return with your remittance.

| Date | Description | Charge | Credit | Balance |
|---|-------------|--------|--------|-----------|
| Previous Balance Brought 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 _____

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

Name _____

Dept./Position _____

Pay Period Ending _____

| For Office Use Only | |
|---------------------|--|
| Regular Hours | |
| Overtime Hours | |
| Other | |

| | Beginning Time | Lunch | | Other | | Ending Time | Total For Day |
|------|----------------|-------|----|-------|----|-------------|---------------|
| | | Out | In | Out | In | | |
| Sun | | | | | | | |
| Mon | | | | | | | |
| Tues | | | | | | | |
| Wed | | | | | | | |
| Thu | | | | | | | |
| Fri | | | | | | | |
| Sat | | | | | | | |

Total Hours – Week 1

| | | | | | | | |
|------|--|--|--|--|--|--|--|
| Sun | | | | | | | |
| Mon | | | | | | | |
| Tues | | | | | | | |
| Wed | | | | | | | |
| Thu | | | | | | | |
| Fri | | | | | | | |
| Sat | | | | | | | |

Total Hours – Week 2

TOTAL HOURS

Employee's Signature _____ Supervisor's Signature _____

Time Sheet – Administrative Employee

Name _____

Dept./Position _____

Pay Period Ending _____

| For Office Use Only | |
|---------------------|--|
| Regular Hours | |
| Overtime Hours | |
| Other | |

| | Beginning Time | Lunch | | Other | | Ending Time | Total For Day |
|------|----------------|-------|----|-------|----|-------------|---------------|
| | | Out | In | Out | In | | |
| Sun | | | | | | | |
| Mon | | | | | | | |
| Tues | | | | | | | |
| Wed | | | | | | | |
| Thu | | | | | | | |
| Fri | | | | | | | |
| Sat | | | | | | | |

Total Hours – Week 1

| | | | | | | | |
|------|--|--|--|--|--|--|--|
| Sun | | | | | | | |
| Mon | | | | | | | |
| Tues | | | | | | | |
| Wed | | | | | | | |
| Thu | | | | | | | |
| Fri | | | | | | | |
| Sat | | | | | | | |

Total Hours – Week 2

TOTAL HOURS

Employee's Signature _____ Supervisor's Signature _____

Time Sheet – Ministry Employee

Name _____

Dept./Position _____

Pay Period Ending _____

| For Office Use Only |
|----------------------------|
| Regular Hours |
| Overtime Hours |
| Other |

| | Date | Ministry Description | Beginning Time | Ending Time | Total For Day |
|------|------|----------------------|----------------|-------------|---------------|
| Sun | | | | | |
| Mon | | | | | |
| Tues | | | | | |
| Wed | | | | | |
| Thu | | | | | |
| Fri | | | | | |
| Sat | | | | | |

Total Hours – Week 1

| | | | | | |
|------|--|--|--|--|--|
| Sun | | | | | |
| Mon | | | | | |
| Tues | | | | | |
| Wed | | | | | |
| Thu | | | | | |
| Fri | | | | | |
| Sat | | | | | |

Total Hours – Week 2

TOTAL HOURS

Employee's Signature _____ Supervisor's Signature _____

Time Sheet – Ministry Employee

Name _____

Dept./Position _____

Pay Period Ending _____

| For Office Use Only |
|----------------------------|
| Regular Hours |
| Overtime Hours |
| Other |

| | Date | Ministry Description | Beginning Time | Ending Time | Total For Day |
|------|------|----------------------|----------------|-------------|---------------|
| Sun | | | | | |
| Mon | | | | | |
| Tues | | | | | |
| Wed | | | | | |
| Thu | | | | | |
| Fri | | | | | |
| Sat | | | | | |

Total Hours – Week 1

| | | | | | |
|------|--|--|--|--|--|
| Sun | | | | | |
| Mon | | | | | |
| Tues | | | | | |
| Wed | | | | | |
| Thu | | | | | |
| Fri | | | | | |
| Sat | | | | | |

Total Hours – Week 2

TOTAL HOURS

Employee's Signature _____ Supervisor's Signature _____

Time Sheet — Bi-Weekly

Name of Employee _____ Signature of Employee _____
 Employee Payroll Number _____ Approval by Supervisor _____
 Ministry/Department _____ Authorization of Overtime _____
 Payroll Period Ending _____ Reason for Overtime _____

| Description of Hours | Sun | Mon | Tues | 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 | Tues | Wed | Thur | Fri | Sat | Sun | Mon | Tues | Wed | Thur | Fri | Sat |
|--------------|-----|-----|------|-----|------|-----|-----|-----|-----|------|-----|------|-----|-----|
| In | | | | | | | | | | | | | | |
| Out | | | | | | | | | | | | | | |
| In | | | | | | | | | | | | | | |
| Out | | | | | | | | | | | | | | |
| Hours Worked | | | | | | | | | | | | | | |

Weekly Summary

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

| MONDAY | Date: | In | | Out | | Total Hours | Weekly Assignment | Regular Hours | O.T. Hours |
|-----------|-------|----|-----|-----|-----|-------------|-------------------|---------------|------------|
| | | In | Out | In | Out | | | | |
| TUESDAY | Date: | In | | Out | | Total Hours | Weekly Assignment | Regular Hours | O.T. Hours |
| WEDNESDAY | Date: | In | | Out | | | | | |
| THURSDAY | Date: | In | | Out | | Total Hours | Weekly Assignment | Regular Hours | O.T. Hours |
| FRIDAY | Date: | In | | Out | | | | | |
| SATURDAY | Date: | In | | Out | | Total Hours | Weekly Assignment | Regular Hours | O.T. Hours |
| SUNDAY | Date: | In | | Out | | | | | |

Vendor Information Sheet

Vendor Code _____ Vendor Class _____

Vendor Name _____

Usual Terms _____

Order Address _____

Payment Address _____

Comments _____

Account # _____

Federal ID # _____

Credit Manager _____

Phone _____

Salesperson _____

Phone _____

Prepared By _____

Date Prepared _____

Date Input _____