



Minister's Monthly Report

For month ending _____



Your ministry update (how are things progressing?):



Prayer Requests (we will agree with you in prayer):



Praise Reports (how has God blessed you this month?):

Conversions: _____ Sanctification/Deliverances: _____ Holy Spirit Baptisms: _____
Water Baptisms: _____ New Church Members: _____

Financial Accountability:

Total income from all sources including housing benefits: _____

Deduct actual ministerial expenses for travel or lodging if not provided _____

Titheable income _____

Tithes Enclosed (10%) _____ Clergy Life Ins Pmt. _____

Check # _____ Credit Card: Visa M/C Discover CC# _____ Exp Date: _____

(Make checks payable to Pacific Western Network Ministries)

Name: _____ Phone: _____ Email: _____

Mailing Address: _____

Mail to: Pacific Western Network Ministries P.O. Box 2250 Clovis, CA 93613

(559)326-9743 office