

CHURCH INCOME EXPENSE CHART

MONTH: _____

CHURCH NAME: _____

INCOME:

TITHES _____
OFFERINGS _____
OTHER: _____

EXPENSES:

MORTGAGE: _____

UTILITIES:

Electricity _____
Gas _____
Water _____
Trash _____
Other _____

MINISTRY EXPENSE: _____

SALARIES: _____

PHONE: _____

INSURANCE: _____

Name of insurance company: _____
Insurance Policy # : _____

OTHER: _____

OTHER: _____

OTHER: _____

ENDING CHECKING ACCOUNT TOTAL: _____

Please fill in blanks with amount your church received or paid for each item during the month

Send completed form to PacWest office
Pacific Western Network Ministries
PO Box 2250
Clovis, CA 93613

Or scan and email to pacwestconf@gmail.com