

MONTHLY FINANCIAL REPORT

NAME: _____

DATE: _____

INCOME	CPPS NAME	My Own Name	EXPENSES	RECONCILIATION
Bination Stipends			Car Allowance	(D+)BALANCE,
Donation to Community			Car Insurance	IS PAID TO MEMBER
Mass Association			Christmas Bonus	\$
Mass Stipends			Dining Out	
Other Ministries			Easter Bonus	
Pension from Ministry			Medical Expenses	(D-)BALANCE, MEMBER
Salary			Official Expenses	REIMBURSES COM.
Social Security Collected			Itemized:	\$
Stole Fees				
Weekend Help				
			Official Travel	
			Personal Allowance	
TOTALS			Social Security Paid	NET MONTHLY
	A	B	Vacation Allowance	CONTRIBUTION TO
			TOTAL EXPENSES C	COMMUNITY
			MINUS B	A-(D+) \$
			BALANCE +/- D	OR
				A+(D-) \$
N.B.: BILLS NEED TO BE INCLUDED WITH EXPENSES, THANK YOU.				