

**CLERK TREASURER MONTHLY REPORT TO SOUTH CAROLINA STATE
OFFICE
(Reports due by the 5th of each month)**

Month Ending: _____

Name of Local Church: _____

Name of Pastor: _____

Total Tithes Received This Month: _____

Amount Paid to Pastor: _____

Number of Members: _____

Average Sunday Morning Attendance: _____

AMOUNT SENT TO STATE TREASURER:

State Contribution (2% of tithes): \$ _____

Pastor's Insurance: \$ _____

Harvest & Leadership Offering: \$ _____

Living Springs Offering: \$ _____

Other: (for _____) \$ _____

TOTAL SENT: \$ _____

Treasurer's Name: _____

Address: _____

Phone #: _____

Email: _____