



ALLEGHENY EAST CONFERENCE

Corporation of Seventh-day Adventists

TREASURY

Employee Monthly Report Pastoral Ministries

NAME _____ REPORT DATE _____

ADDRESS _____ DATE COMPLETED _____

CITY _____ STATE _____ ZIP _____

REPORT OF MINISTRIES

1. How many Sabbaths Sermons did you preach? _____

2. How many Sabbaths were you present for Sabbath School? _____

3. Did you have a monthly board meeting? [] Yes [] No
Date _____

4. Did you attend a Department council meeting? [] Yes [] No
Select which Department(s)
 Elders Family Life Health/Temperance Lay Activities
 Sabbath School Clerk Stewardship Education
 Deacon/Deaconess Religious Liberty Audio-Visual
 Treasury Music Pathfinder

5. Did you conduct a training program? [] Yes [] No
What kind? _____

6. How many Bible studies did you personally give? _____

7. What was the average number of hours you spent in personal Devotion each week? _____

8. What was the average numbers of hours you spent in a quality Family Activity per week? _____

9. What was the average number of hours you spent in physical exercise per week? _____

10. Did you have a Baptismal Service? [] Yes [] No

11. How many did you baptized? _____

12. Did you have a Business Meeting? [] Yes [] No
Date _____

13. Did you have a Communion Service? [] Yes [] No
Date _____

14. What are two objectives you accomplished this month?
Select the appropriate category
 Personal Pastoral Evangelistic Administrative

Objective Number 1. _____

Select the appropriate category
 Personal Pastoral Evangelistic Administrative

Objective Number 2. _____

PASTORAL EXPENSES

Day	Explanation of Expenses Reported	*Approved Special Mileage	Parking or Transportation	Per Diem**	Lodging	Miscellaneous Amount
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
Please Total All Columns						

MILEAGE COMPUTATION

	First Automobile	Second Automobile
Close of month odometer reading.	_____	_____
Start of month odometer reading.	_____	_____
Difference	_____	_____
Total combined mileage	_____	_____
Less personal mileage	_____	_____
Less extra budget mileage	_____	_____
Total mileage driven for Conference	_____	_____

OFFICE USE ONLY

Regular Pay	20 _____	Automobile Insurance	48 _____
Area Travel	28 _____	Moving Allowance	51 _____
Advance	130 _____	Moving Reimbursement	52 _____
Travel Advance	131 _____	Duplicate Housing	54 _____
Automobile Insurance 20%	132 _____	A/R	166 _____
Miscellaneous Purchase	39 _____	Conference Travel Paid	141 _____
Special Travel Mileage	40 _____		_____
Special Travel Transportation	41 _____		_____
Special Travel Lodging	42 _____		_____
Special Travel Per Diem	43 _____	Notes	_____
Special Travel Airlines	44 _____		_____
Special Travel Rental	45 _____		_____

*Special Travel mileage must be approved by the President or Vice President for Finance.

**A full day P/D is only reimbursed for overnight stay.

Employee's monthly reports are due the 5th day of each month.