



SAINT PAUL AFRICAN METHODIST EPISCOPAL CHURCH

816 Madison Avenue
Madison, Mississippi 39110
Email: info@stpaulamemadison.org

OFFICIAL BOARD REPORT FORM

(to be completed by all auxiliaries and organizations of St. Paul)

To the Pastor and members of the Official Board, we the members of _____

submit the following Official Board Report for the period ending _____,

we did/did not meet last month with _____ members in attendance. Our activities during the month were the following:

Our planned activities for this month coming are (List time, dates and places of activities)

FINANCIAL REPORT

Beginning Balance		\$	_____
Receipts (List Source of Income)			
1. _____		\$	_____
2. _____		\$	_____
3. _____		\$	_____
Subtotal (Beginning Balance plus total receipts)		\$	_____
Expenditures (List Itemized expenditures)			
1. _____		\$	_____
2. _____		\$	_____
3. _____		\$	_____
Total Expenditures		\$	_____
Ending Balance (Grand Total minus expenditures)		\$	_____

President: _____

Secretary: _____

OFFICE USE ONLY

Verified by Bookkeeper _____

Date _____

Approved by Pastor _____

Date _____