

# Memorandum

**To:** Mission Workers of financially assisted ministries  
of the Texas District

**From:** Ken Hennings

**Re:** Quarterly Report Forms

Greetings in the name of our Lord and Savior, Jesus Christ!

Your quarterly reports are very important to the Board of Mission Administration, and these along with any of the latest information I have from your congregation is shared with the Board. It is helpful to the Board members if your congregation's current report is there. If it is not, then they will be looking at the last report we have available.

These forms can be printed from your computer and photocopied to be used as master forms for future reports. However, if you are using a computer program that can generate the same information being requested on these report forms, you may send that to us each quarter instead.

PLEASE BE SURE THAT YOUR CONGREGATION NAME AND CITY ARE PRINTED ON YOUR REPORTS.

For any questions or assistance, please call the Mission and Ministry Services office at (800) 951-3478

May the Lord continue to bless you as you expand His kingdom through proclaiming the good news of Jesus Christ to your community.

KMH:cms

**BOARD OF MISSION ADMINISTRATION - TEXAS DISTRICT - LCMS  
 QUARTERLY FINANCIAL STATEMENT**

Congregation \_\_\_\_\_ City \_\_\_\_\_  
 (Year) \_\_\_\_\_ Quarter 1 2 3 4 (Circle One)

**RECEIPTS**

Envelopes \_\_\_\_\_  
 Plate \_\_\_\_\_  
 Sunday School \_\_\_\_\_  
 Special \_\_\_\_\_  
 Other \_\_\_\_\_  
 Subsidy \_\_\_\_\_  
 Total Receipts (quarter) \_\_\_\_\_  
 Receipts - year to date \_\_\_\_\_

**DISBURSEMENTS**

Salaries \_\_\_\_\_  
     Pastor \_\_\_\_\_  
     Organist \_\_\_\_\_  
     Teachers \_\_\_\_\_  
     Secretary \_\_\_\_\_  
**Housing Allowance** \_\_\_\_\_  
     House \_\_\_\_\_  
     Utilities \_\_\_\_\_  
     Telephone \_\_\_\_\_  
**Retirement & Welfare** \_\_\_\_\_  
**World Missions** \_\_\_\_\_  
**Debt Retirement** \_\_\_\_\_  
**Transportation** \_\_\_\_\_  
     Car Allowance \_\_\_\_\_  
     Liability Insurance \_\_\_\_\_  
     Conf. & Conv. \_\_\_\_\_  
**Christian Education** \_\_\_\_\_  
     Day School \_\_\_\_\_  
     Sunday School \_\_\_\_\_  
     VBS \_\_\_\_\_  
     Lutheran Witness \_\_\_\_\_  
**Utilities (church)** \_\_\_\_\_  
     Electricity \_\_\_\_\_  
     Gas \_\_\_\_\_  
     Water \_\_\_\_\_  
     Telephone \_\_\_\_\_  
**Office Supplies** \_\_\_\_\_  
**Publicity** \_\_\_\_\_  
     Public Relations \_\_\_\_\_  
     News Media \_\_\_\_\_  
**Church Property** \_\_\_\_\_  
     Insurance \_\_\_\_\_  
     Maintenance \_\_\_\_\_  
**Miscellaneous** \_\_\_\_\_  
     Benevolences \_\_\_\_\_  
     Guest Speakers \_\_\_\_\_  
     Other \_\_\_\_\_  
**DISBURSED THIS QUARTER** \_\_\_\_\_  
**DISBURSED THIS YEAR** \_\_\_\_\_

**RECAP**

Balance on hand End of Last Quarter \_\_\_\_\_  
 Receipts this Quarter \_\_\_\_\_  
     **TOTAL** \_\_\_\_\_  
 Less Disbursements \_\_\_\_\_  
 BALANCE THIS QUARTER \_\_\_\_\_

**Use the back of this form to list bills that are more than one month past-due, including missions payments and debt repayments.**

**OTHER CONGREGATIONAL ASSETS:**

*(Not included in "Balance This Quarter")*

Savings Accounts \_\_\_\_\_  
 C.D.'s \_\_\_\_\_  
 Church Extension \_\_\_\_\_  
 Other (over \$500) \_\_\_\_\_

TREASURER \_\_\_\_\_

PASTOR \_\_\_\_\_

**IMPORTANT!** Prepare and return original to Mission & Ministry Services Office: Keep a file copy for your records.  
**DUE DATES: APRIL 15 JULY 15 OCTOBER 15 JANUARY 15**

**BOARD OF MISSION ADMINISTRATION - TEXAS DISTRICT - LCMS  
ATTENDANCE, FINANCIAL AND ACTIVITIES REPORT**

Quarterly Report for \_\_\_\_\_, City \_\_\_\_\_  
Submitted by \_\_\_\_\_, Date \_\_\_\_\_

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**WORSHIP ATTENDANCE TRENDS**

(Graph using \_\_\_\_\_  
your own \_\_\_\_\_  
scale) \_\_\_\_\_  
\_\_\_\_\_

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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**GIVING TRENDS**

(Graph using \_\_\_\_\_  
your own \_\_\_\_\_  
scale) \_\_\_\_\_  
\_\_\_\_\_

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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**PASTORAL ACTIVITIES**

MONTH	PASTORS	EV. CALLS	HOME VISITS	SICK CALLS	COUNSELING
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SIGNIFICANT ACCOMPLISHMENTS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNIFICANT PROBLEMS/CHALLENGES:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_