

MONTHLY MISSIONARY MINISTRY REPORT
Assemblies of God U.S. Missions

Name _____ Field _____

Month report covers _____ Date submitted to AGUSM _____

-
1. Total Received Direct from Donors (attach deputational receipts).....\$ _____
 - a. Funds kept for work expenditures\$ _____
 - b. Funds withheld as personal allowance\$ _____
 - c. Excess funds returned to AGUSM for deposit to your account (enclose check).....\$ _____
 2. Special Personal Offerings Received Direct\$ _____
 3. Amount of expenses not covered by funds received direct from donors that you would like reimbursed with the next disbursement statement.\$ _____
 4. Amount of health, dental, life insurance you need reimbursed\$ _____
 5. Medical expenses that insurance has not covered (must attach a copy of receipts)\$ _____
-

Number of Salvations _____ Number of Water Baptisms _____

Number of Holy Spirit Baptisms _____

1. *Describe a testimony of a new convert, special service, event you participated in or new developments in your ministry:*

2. *Indicate any concerns, challenges or special prayer needs:*

Check and date below when you send the report to:

_____ 2 copies to USM _____ Copy to your district(s) _____ Copy for your records

Assemblies of God U.S. Missions Finance Department Stephanie Polites, Manager 1445 N Boonville * Springfield, MO 65802 * (P) 417.862.2781 * (F) 417.873.9734
--