

CAROLINA EVANGELISM FINAL FINANCIAL REPORT

****Return within 30 days of last meeting****

PLEASE SEE NOTES AT BOTTOM OF FORM

Event#: _____

Church: _____

DATES MEETINGS HELD

From: _____

Pastor: _____ **No. of Meetings:** _____

To: _____

Sources of Income:	<u><i>Actual</i></u>	<u><i>Description</i></u>
Offerings	_____	_____
Church Portion Fund	_____	_____
Raising/Fees	_____	_____
Carolina Subsidy	_____	_____
Other	_____	_____
TOTAL INCOME	_____	_____

Expenses	<u><i>Actual</i></u>	<u><i>Description</i></u>
Advertising	_____	_____
Auditorium/Hall	_____	_____
Children's Program	_____	_____
Decorations	_____	_____
Equipment Costs	_____	_____
Giveaways	_____	_____
Materials Purchased	_____	_____
Printing/Copies	_____	_____
Supplies	_____	_____
Telephone - Long Distance	_____	_____
Miscellaneous	_____	_____
TOTAL EXPENSES	_____	_____

Signature: _____

Date: _____

(Name of Treasurer filling out the report)

1. **If your total actual income exceeds your total actual expenses** please send a check with the amount of the income over expenses to the Carolina Conference. This will be returned to the CBT account to fund other meetings.
2. **If your total actual expenses exceed your total actual income** please initial here _____ **(required)** and a check request will be issued for the difference up to the 10% that was withheld.

Note: All of the supporting receipts and other documents for this event should be kept at the church and filed by event number and made available to the church auditor at the time of the church audit. Please send copies of ALL of your receipts along with this Final Financial Report. Failure to do so will result in a withholding of any funds due the church (The 10% withheld) and the disbursement of any future funds.