

MINISTER'S MONTHLY REPORT

Month Ending _____

Mail to: *New Horizons Ministries, 3905 S. Elm Pl., Broken Arrow, OK 74011*

<p style="text-align: center;">Please use black ink to complete this report.</p> <p style="text-align: center;">PERSONAL INFORMATION</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone _____</p> <p>Church/Business Phone _____</p> <p>Cell Phone _____</p> <p>Fax Number _____</p> <p>E-Mail Address _____</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Date Credential Issued</td> <td style="width: 50%;">Ministry Status</td> </tr> <tr> <td><input type="checkbox"/> Ordained</td> <td><input type="checkbox"/> Pastor</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/> Evangelist</td> </tr> <tr> <td><input type="checkbox"/> Licensed</td> <td><input type="checkbox"/> Full-time Staff</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/> Part-time Staff</td> </tr> <tr> <td><input type="checkbox"/> Local Church Minister Lic.</td> <td><input type="checkbox"/> Retired</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/> Missionary</td> </tr> </table>	Date Credential Issued	Ministry Status	<input type="checkbox"/> Ordained	<input type="checkbox"/> Pastor	_____	<input type="checkbox"/> Evangelist	<input type="checkbox"/> Licensed	<input type="checkbox"/> Full-time Staff	_____	<input type="checkbox"/> Part-time Staff	<input type="checkbox"/> Local Church Minister Lic.	<input type="checkbox"/> Retired	_____	<input type="checkbox"/> Missionary	<p style="text-align: center;">FINANCIAL REPORTING</p> <p>Ministerial Income \$ _____</p> <p>Secular Income \$ _____</p> <p>Total Income \$ _____</p> <p>Tithe (10% of total Income) \$ _____</p> <p>CLIP (Life Insurance) \$ _____</p> <p>\$1 Sunday - TMCC \$ _____</p> <p>\$1 Sunday - SCU \$ _____</p> <p>\$1 Sunday - Global Outreach \$ _____</p> <p>Other _____ \$ _____</p> <p>MISSIONARIES & MISSIONS PROJECTS:</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>TOTAL ENCLOSED CHECK # _____ \$ _____</p>
Date Credential Issued	Ministry Status														
<input type="checkbox"/> Ordained	<input type="checkbox"/> Pastor														
_____	<input type="checkbox"/> Evangelist														
<input type="checkbox"/> Licensed	<input type="checkbox"/> Full-time Staff														
_____	<input type="checkbox"/> Part-time Staff														
<input type="checkbox"/> Local Church Minister Lic.	<input type="checkbox"/> Retired														
_____	<input type="checkbox"/> Missionary														

CONTINUING EDUCATION ACTIVITY

(All ordained, licensed and NHM Pastors **MUST** complete 24 CEUs each year)

(CEUs for NHM events attended are determined by the Office of Superintendent – each 100 pages read equals 1 CEU)

EVENT	LOCATION	CEUs	TITLE OF BOOKS READ	# OF PAGES

MINISTRY ACTIVITY

ACTIVITY	TOTAL	RESULTS	TOTAL
Sermons Preached		New Members	
Lessons Taught		Conversions	
Visitation - Home		Sanctified	
Visitation - Institution		Holy Spirit Baptized	
Funerals		Water Baptized	
Weddings			

PROGRESS REPORT

(Please share the good things God is doing!)
