

Blank Forms (Volume 2)

*These forms are provided for congregational
use and may be copied.*

Miscellaneous

Authorization for Payment Voucher

Bank Reconciliation Form

Count Form—Weekly Offering

Expense Reimbursement Voucher

The Congregation Budget-Planning Worksheet

AUTHORIZATION FOR PAYMENT VOUCHER

Vendor _____ Date of Request _____
Address _____ Date Needed By _____

Invoice No. (s) _____ Date of invoice _____

Special Instructions _____

Explanation _____

Amount \$ _____ Account No. _____ Program _____

☐ Authorized by Church Council Date _____

☐ Budget expenditure

Requested by _____

Approved by _____ Date paid _____ Check No. _____

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AUTHORIZATION FOR PAYMENT VOUCHER

Vendor _____ Date of Request _____
Address _____ Date Needed By _____

Invoice No. (s) _____ Date of invoice _____

Special Instructions _____

Explanation _____

Amount \$ _____ Account No. _____ Program _____

☐ Authorized by Church Council Date _____

☐ Budget expenditure

Requested by _____

Approved by _____ Date paid _____ Check No. _____

BANK RECONCILIATION FORM

Congregation's name

For the month of _____

Name of bank

Bank Account Number _____

General Ledger
Account Number _____

Ending bank balance \$ _____
(From bank statement)

Add deposits in transit:
(Not listed on bank statement)

Outstanding Checks

Check No.	Date	Amount	
		\$	
Total		\$	

[illegible]

Total deposit(s) in transit _____

Total _____

Less: outstanding checks _____

Balance per bank _____

Balance per checkbook _____

(Adjusted balance per bank and balance per checkbook must agree.)

Completed by: _____

Signed

Title

Date _____

COUNT FORM-WEEKLY OFFERING

FIRST LUTHERAN CHURCH
ST. LOUIS, MISSOURI

Date _____

	Coins	Currency	Checks	Sub Total	Total
GENERAL FUND					
Plate	\$	\$	\$	\$	
Envelope					\$
BUILDING FUND					
ORGAN FUND					
AGENCY FUNDS					
American Bible Society					
Lutheran Hour					
World Relief					
_____			/		

OTHER RECEIPTS					
Sunday school:					
Plate					
Envelope					
TOTAL SOURCE/DEPOSIT					

Counted by: _____ Date: _____

Counted by: _____ Date: _____

EXPENSE REIMBURSEMENT VOUCHER

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Travel Expense:

Auto Expense _____ @ \$/mile _____

(Mileage log should be attached)

Other Expense _____

(Explanation & receipts attached)

Other Expense _____

Other Expense _____

Other Expense _____

Total Expenses _____

Signature _____

Approved by _____ Date _____ Acct # _____ Amt \$ _____

Approved by _____ Date _____ Acct # _____ Amt \$ _____

EXPENSE REIMBURSEMENT VOUCHER

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Travel Expense:

Auto Expense _____ @ \$/mile _____

(Mileage log should be attached)

Other Expense _____

(Explanation & receipts attached)

Other Expense _____

Other Expense _____

Other Expense _____

Total Expenses _____

Signature _____

Approved by _____ Date _____ Acct # _____ Amt \$ _____

Approved by _____ Date _____ Acct # _____ Amt \$ _____

THE CONGREGATION BUDGET PLANNING WORKSHEET

	Factor	Number of Households	Adjusted Households
A. Households			
1. Husband and wife (two incomes)	1.50		
2. Husband and wife (one income)	1.00		
3. Singles, single parent	.50		
4. Mixed marriage (two denominations)	.33		
5. Restricted incomes (retired, disabled, etc.)	.25		
6. Unemployed	.00		
7. Inactive members	.10		
8. Total households			
B. Annual average household income			
C. (Line A.8 x B)			
D. Total congregation giving (previous year)			
E. Percentage of income given per household (divide D by C)			
F. Giving potential:	%	Offerings would be:	Increase (decrease)
If membership contributed:	3%		
	5%		
	7%		
	10%		
	12%		