

MT CALVARY AME CHURCH
Request for Ministry Collection Report
(Will list each contribution received by each member)

Date _____

Ministry: _____

Special Event (if applicable): _____

Dates requested: From _____ To _____

Requested by: _____

Completed by: (Finance Team) _____ Date: _____

MT CALVARY AME CHURCH
Request for Ministry Balance Report / Profit & Loss Statement
(Will show total amounts received and expensed)

Date _____

Ministry: _____

Requested by: _____

Completed by: (Accounting) _____ Date: _____