

PEFA CHURCH MONTHLY RETURNS BOOK
RIPOTI YA KANISA

Church/Jina la Kanisa _____

District _____

Pastor / Jina la Mchungaji _____

Region _____

Date/Tarehe _____

Church Membership/ Wahirika

Sunday School	Youth	Women	Men	Total Membership

DATE TAREHE	TITHE ZAKA	OFFERIN G SADAKA	TOTAL COLLECTION MAPOKEO	Sunday School	Youth	Women	Men	Total Attendance	SIGNATURE	
									TREASURER MWEKA HAZINA	PASTOR MCHUNGAJI
TOTAL JUMLA										

TOTAL MONTHLY COLLECTION (Tithe & Offering)	%AGE (100%)	MONTHLY COMPUTATION Amount In KSH
CHURCH		
DISTRICT		
REGION	7%	
NATIONAL	5%	
PASTORATE SUPPORT		
FUNDS REMMITTED TO THE DISTRICT		Amount
Pastor's Tithe		
Credentials Fee		
Conference Registration		
Other Specify		

SIGNED BY:
 Church Treasurer..... Date.....
 Church Secretary..... Date.....
 Senior Pastor..... Date.....
 I Confirm that I have recieved a total of Kshs.....Amount in Words.....
 On behalf ofPEFA District.
 Name of District Treasurer.....
 Signature.....Date.....