



First Shiloh Baptist Church
Mechanicsville, Virginia

Auxiliaries & Ministries Quarterly Report

_____ Date _____

_____ Month(s) of _____

_____ Name of Organization _____

_____ Chairman/President/Coordinator _____

_____ Secretary/Recorder _____

Accomplishments of past quarter: Give a summary of all activities including unplanned activities that occurred the last quarter.

Financial Report of past quarter: List by program activity and budget category and indicate unbudgeted expenses by asterisks(*).

Activity: _____

Amount: \$ _____

Budget Code: _____

Available Funds (beginning balance): \$ _____

New Balance: \$ _____

Summary of plans forthcoming quarter: List by activity, date and projected expenses.

_____	_____	\$ _____
Date	Activity	Projected Expenses

Recommendations/changes that require approval: Indicate any changes or proposed additions to your current program include any additional cost(s).