

State Department – Church of God in Christ
Post-Project Finance Report

State Event/Project Title: _____

Date of your Project: _____

The Purpose/Objectives for Your State Event

Department (Auxiliary/Unit) Key Contact: _____

Did you use funds from your line item balance in the State COGIC account?

Yes _____ No _____

If “yes,” what is the amount of the check that that was approved by the State Board of Trustees?

\$ _____.

Did you use personal funds? Yes _____ No _____

If you used personal funds, how much did you spend? Please attach receipts for each expenditure).

Did any other local, district, or state auxiliaries donate funds to this event?

Please indicate auxiliary name(s) and amount(s) to be donated.

Contact Name _____ Auxiliary _____ Amount \$ _____

Contact Name _____ Auxiliary _____ Amount \$ _____

If other departments/auxiliaries/units assisted with this project, how will the profits be distributed among/between them?

_____.

PLEASE SUBMIT THIS FORM 30 DAYS AFTER THE
DATE YOUR PROJECT WAS COMPLETED TO THE STATE ADMINISTRATOR,
sistahwp1018@gmail.com