



Church of the
Foursquare Gospel
 in Australia Inc

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REMITTANCE ADVICE

Date: _____

Church: _____

Address: _____

Treasurer: _____

Phone/Email: _____

Payment for the month of _____ Cheque #: _____

Tithe: \$ _____ + GST \$ _____ = \$ _____

Insurance: \$ _____ + GST \$ _____ = \$ _____

Missions: = \$ _____

Fifth Sunday Offering: = \$ _____

Others: _____ = \$ _____

_____ = \$ _____

_____ = \$ _____

_____ = \$ _____

_____ = \$ _____

TOTAL = \$ _____