North York Church Of Christ

Monthly/Weekly/Quarter Reports	Date:
Ministry:	
Minister's Name:	Signature:

Vision for the Month/Week/Quarter

GOALS

PRIORITY	DESCRIPTION (Be specific)	MEASURE (State the observable signs of success)	DEADLINE Target date of accomplishment	OUTCOME that would exceed your expectation	OBSTACLES, barriers and hindrances

ACCOMPLISHMENTS

Date	Description	Contact persons: Name, Tel no., Email , address	Travel Km traveled	Ministry Expenses (Amount Spent)	Comments