

# 2020 MT DISTRICT-LCMS RECEIPTS VOUCHER

**Remit Payment to: THE MONTANA DISTRICT- LCMS (Attn: Treasurer)  
30 BROADWATER AVE, BILLINGS, MT 59101 (Phone: 406-259-2908)**

Enclosed find the amount of \$ \_\_\_\_\_ ,

From (Congregation) \_\_\_\_\_ in (city) \_\_\_\_\_, to be credited as follows:

<i>2020 District/Synod Missions, Assessments, and Registration Fees:</i>	\$ Amount
<b>Congregational Plan of Support (District and Synod Mission, General Fund)</b>	
<b>Invoiced Items:</b>	
<b>District and Synodical Conference Assessment *</b>	
<b>Pastor &amp; Circuit Conference Assessment **</b>	
<b>Registration Fees:</b>	
Pastor Wives Retreat	
Youth Camp/Retreat	
<b>Featured Ministries:</b>	
<b>Mission Subsidies</b>	
Circle of Life (Lame Deer, MT)	
Crow Lutheran Ministry (Crow Agency, MT)	
Redeemer Lutheran Church (Anaconda, MT)	
Emmaus Lutheran Mission (Big Timber/Livingston, MT)	
District Schools Student Scholarships Fund	
Church Worker Student Scholarship Fund	
Mercy Fund <i>(in accordance with IRS rules, do not specify recipient)</i>	
<b>Other: (Please indicate purpose and use of funds)</b>	
<i>NOTE: (acceptance of restricted use funds by District must be approved by the Board of Directors)</i>	
<b>Total Remittance</b>	<b>\$</b>

\*Convention Assessment is based on reported Confirmed Membership = Confirmed and/or received as an adult member of the congregation. Number taken from last reported annual congregational LCMS statistical report on file. Please submit payment with a copy of the invoice issued in February.

\*\*Amount invoiced based on the number of pastors serving the congregation. Please submit payment with a copy of the invoice issued in February.

<b>Check #</b>	<b>Date:</b>	<b>Amount:</b>
<b>Check #</b>	<b>Date:</b>	<b>Amount:</b>

**Treasurer's/Book Keeper Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_