

PROGRAM AND ADMINISTRATION FUND

Apportionment Remittance Form

Church _____ Date _____

The enclosed funds are for:

PAF Apportionment \$ _____
Journals \$ _____

Additional Payments

Sr. Pastor's Dependent Insurance \$ _____
Other Dependent Insurance
Name _____ \$ _____
Name _____ \$ _____
Name _____ \$ _____
Name _____ \$ _____
Name _____ \$ _____

Other Items (please specify):

(Please make separate checks for Evangelical Center shares, pension payments – do not include here.)

_____ \$ _____
_____ \$ _____

Total Amount Submitted \$ _____

Treasurer _____

Make checks payable to:

Pacific Conference Evangelical Church

Mail to the Conference Office at:

18121 SE River Road • Milwaukie, OR 97267

Instructions for paying your Apportionment

1. Complete the form on the left. Forms are available online. <http://www.pacificecna.org/StaffResources/forms.htm>
 2. PASTORS INSURANCE: It is included in your apportionment.
 3. DEPENDENT'S INSURANCE: Itemize each and submit.
 4. Simply send one check for your apportionment. The apportionment changed effective July 1. To adjust your figures to the new apportionment:
 - A) Calculate what you should have paid year to date.
 - B) Subtract what you have paid.
 - C) Remit the difference.
- You will be sent quarterly updates to track your progress.