

**2017 - TERMS OF CALL REPORT FORM
PRESBYTERY OF MIDDLE TENNESSEE**

NAME (PLEASE PRINT)

POSITION (INDICATE IF PART TIME)

THIS FORM ENABLES YOU TO FULFILL THE REQUIREMENT TO REPORT YOUR TERMS OF CALL AND ANY CHANGES EACH YEAR. **PLEASE LIST AMOUNTS (NUMBERS) INSTEAD OF FULL, PROVIDED, ETC.**

PART A

COMPENSATION

(AS BUDGETED AND APPROVED)

	<u>2017</u>	<u>2016</u>
1. CASH SALARY.....	_____	_____
2. HOUSING ALLOWANCE (IN ADDITION TO LINE 1)..... (IS MANSE PROVIDED? _____)	_____	_____
3. UTILITIES (IN ADDITION TO LINE 1 AND 2).....	_____	_____
4. PENSION/MEDICAL.....	_____	_____
5. OTHER..... (SOCIAL SECURITY, ADDITIONAL RETIREMENT, ETC.)	_____	_____

PART B

PROFESSIONAL EXPENSES

	<u>2017</u>	<u>2016</u>
1. AUTO.....	_____	_____
2. CONTINUING EDUCATION.....	_____	_____
3. OTHER (BOOKS, ETC.).....	_____	_____

SIGNED

DATE