

## RHEMA Ministerial Association International INTERNATIONAL MONTHLY REPORT

Month:  Location (Co		Year:	Full Name:	En	Email: Name of Ministry:	
		(Country):	City:	Name of		
1.			ies (testmonies, guest mi planned in the ministry		Month:	
2.			ties (guest ministers, upc anned in the ministry for		Month:	
3.	Prayer you, th	requests and le ministry, s	d challenges/ matters of o taff, and/ or students.	concern relating to	) Month:	
4.			e relating to your ministr ch planting, outreach pla		try) Month:	
Da			Prepared by	:		

Fill out your form and either drop off to our office • Rhema South Pacific Campus, Taufusi. Office Hours 9am-12:45pm • 1:15pm-4pm • Monday-Thursday Or you can e-mail your completed form to UMSamoaRMAI@gmail.com