Budget Request Form

This form is to be completed by departmental and ministry leaders on an annual basis to request funding on The Church Budget. Complete form in its entirety.

Today’s Date: ___________________ Your Name & Ministry/Dept.: ___________________
Daytime Telephone#: ___________________ Email Address: ___________________

DEPARTMENTAL/MINISTRY PARTNER
Sub-Department of: ___________________
Department Dir. ___________________

AMOUNT BUDGETED LAST FY: ___________________
AMOUNT OF EXPENSES YTD: ___________________
AMOUNT REQUESTED FOR FY: $ ___________________

Itemize your expected expenses as much as possible.

$ ___________________
$ ___________________
$ ___________________
$ ___________________
$ ___________________
$ ___________________
$ ___________________
$ ___________________
$ ___________________
$ ___________________
$ ___________________
$ ___________________

Continue on page 2 for additional itemization.
TOTAL FROM PAGE 2 $ ___________________
Miscellaneous/Other Supplies $ ___________________

TOTAL AMOUNT REQUESTED $ ___________________

What is the mission statement/plan of your ministry or department for the next fiscal year (be specific, list goals and initiatives you plan to achieve)?

IMPORTANT CONSIDERATIONS
-The Church Budget is comprised of the requests of ministry and departmental leaders. The leaders are considered to__________ Budget Committee, and The Church must approve The Church Budget on an annual basis.

-The Church Budget is more than just a set of numbers relating to the expenses of particular depts.. The Church Budget is the annual mission plan for the church and is one of the most important documents at __________. We hope you prepare your request prayerfully and thoughtfully to best carryout your particular ministry/department’s mission.

-Please think ahead. Throughout each year you should begin compiling a list of expenditures in which your department will require for the next fiscal year.

-Please complete this form and deliver it to the church office no later than __Nov. 22nd__. If the church office is not in receipt of the request by the time mentioned above. Your Ministry/Department may suffer from not being budgeted or may be placed under the direction of the church office.

-This form may be completed online at _______________________ and/or emailed to _____________________________________

After prayerfully considering the needs of the ministry of department in which I serve at ______________ __________. I submit to The Church my requests.

Signature of Department/Ministry Leader ___________________ Date Signed ___________________

Signature of Department Chair ___________________ Date Signed ___________________

If you have any questions, please feel free to contact ________

Church Office Use Only

NEW

Received on __________________ by ___________________
Account Codes ___________________
Church Name: ___________________
Church Treasurer: ___________________
Mission Statement Continued from Page 1:

Expected expense itemized (continued from P1):

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Enter the total amount of this list to the list on Page 1.

PAGE 2 TOTAL $____________

Initials of Department/Ministry Leader AND Department Chair:

____________  ____________

Page 2

Church Name: ________________________________
Church Address: ______________________________
City, State Zip: ______________________________
Church Treasurer: ____________________________