Budget Request Form

NO:	**Fiscal Year:**

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.	
	$
	$
	$

Budget Request Form (Page 2)

NO:	Fiscal Year:

Mission Statement Continued from Page 1: _____

Expected expense itemized (continued from P1):

	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$

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

PAGE 2 TOTAL **$**_____

Office Use Only:

Initials of Department/Ministry Leader AND Department Chair:

_____ _____

Page 2

Church Name: _____
Church Address: _____
City, State Zip: _____
Church Treasurer: _____