

MOMBC Budget Form



Today's date _____

INSTRUCTIONS: This budget is an estimate of your ministries needs for the fiscal year _____. If you have needs that don't appear on this sheet, please list them. This will help the church determine what our annual expenses might be. Thanks for your help!

Your ministry's name _____

Your name _____

Your title _____

1. **Supplies**

Example: Paper products, print materials, stamps, paper clips, cleaning supplies, music supplies, printed products. Is this something only your ministry uses?

2. **Travel**

When determining your travel budget consider the following, trips your ministry must take, when will you take these trips (month date) etc. Other expenses involved with this travel. Travel can include workshops, conventions, anniversaries, training and the room and board associated with these activities.

3. **Speaker(s)**

When determining your budget needs for speakers, identify the event (such as usher's day, women's day, choir day etc) and date(s) when these speakers will be needed

4. **Gifts**

Your ministry may provide various gifts for birthdays, graduations, anniversaries or other special projects. Try and identify as many of these kinds of activities and donations as you can. If there are dates that can be identified with these gifts please indicate them as best you can. (Flowers, etc.)

5. **Unforeseen expenses**

This form may not cover all of the expenses and categories your ministry is committed to. If there are activities with financial needs that have not been identified here please list them and try to assign dates to the activity.

Use the backside of this form to provide the details and justification of your request. Before you turn in this request you should consider the following: 1) Have you discussed this request with your ministry? 2) Have you assigned dates to travel request and or speakers? 3) Did you make a copy of this request?

If you have any questions about this request please see any trustee

Please complete the other side (Page 2)

Budget Area	Description	Proposed date of need	Estimated Budget
Supplies			
Travel			
Speakers			
Gifts			
Unforeseen Expenses			
		Total request	

Signed by _____ Date ____/____/____

(It is advisable to make a copy of your budget request for your records before you turn it in)