Budget Request Form

NO:	FY
-----	----

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/Department _____ Your Daytime Telephone ___ _ Your Email Address _____ **DEPARTMENTAL/MINISTRY PARTNER** What is the mission statement/plan of your ministry or department for the next fiscal year (be specific, list goals Sub-department of _____ and initiatives you plan to achieve)? Department Chair _____ AMOUNT BUDGETED LAST FY AMOUNT OF EXPENSES YTD AMOUNT REQUESTED FOR FY___: \$____. Itemize your expected expenses as much as possible: Continue on page 2, if needed. Please share these thoughts with the members of your ministry. IMPORTANT CONSIDERATIONS -The Church Budget is comprised of the requests of ministry and departmental leaders. The leaders are considered to be Trinity's 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 departments. The Church Budget is the annual mission plan for the church and is one of the most important documents at Trinity. 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 ______. If the church office is not in receipt of the Continue on page 2 for additional itemization. request by the time mentioned above, your ministry/department may suffer from not being budgeted or may be placed under the direction TOTAL FROM PAGE 2 of the church office. -This form may be completed online at nevilstrinity.com and emailed Miscellaneous/Other Supplies to finance@nevilstrinity.org. TOTAL AMOUNT REQUESTED \$_____ -If you should have any questions, please feel free to contact the Office of Finance. After prayerfully considering the needs of the ministry or department in which I serve at Trinity, I submit to The Church my requests. Church Office Use Only NEW Received on _____ by _____ Signature of Department/Ministry Leader Date Signed Account Codes ____ **Nevils Trinity Baptist Church, Inc.** Signature of Department Chair Date Signed Marie Waters, Treasurer ©2008 Form BRF

Budget Reques	st Form	P2	NO:	P2	FY
Mission Statement Continued from P1					
Expected expenses itemized (continu	ued from P1):	Office Us	se Only		
	\$				
	\$				
	\$				
	\$				
	¢				
	Ф				
	Φ				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	•				

Initials of Department/Ministry Leader AND Department Chair:

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

PAGE 2 TOTAL

Nevils Trinity Baptist Church, Inc.
Marie Waters, Treasurer

P2

©2008 Form BRF