

2025 Ministry Budget Request Form

Please use this form to outline any expenses your ministry expects to incur between January 1, 2025 and December 31, 2025

Name of Ministry:					Date Submitted:			
Servant Leader's Name	•			Se	Sections Completed (Check At Least One)			
Servant Leader's Phone & Email:					☐ Section B: Events & Activities			
Servant Leader's Signat	ure:				□ Multiple Forms Attached			
Notes: (1) Your approved alloca	025. If necessary, you may use tion may not be equal to your is approved, regardless of an	penses and Sect e multiple form requested amo nount, a lead til tion A: Suppl	s. You <u>MUST</u> complount; (2) Your even me of 45 calendar (lies & General E	ete columns A throught date may need to be days is needed to pro	gh F for each expense/e be adjusted due to facil cess a request for fund	event. ity availability or other s or reimbursement.		
ose this section to outline all and	neipated general expenses for	·				BUDGET		
A	В	<u>C</u>	D	<u>E</u>	F	COMMITTEE		
Expense	Reason for Expense	Type (One-Time or Recurring)	Expected # of Attendees	Requested Budget Amount	Expected Revenue (If Any)	Approved Allocation		
1				\$	\$	\$		
2				\$	\$	\$		
3				\$	\$	\$		
4				\$	\$	\$		
5				\$	\$	\$		
TOTALS FOR 2025				\$	\$	\$		



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Instructions

This form has two sections: **Section A** for Supplies & General Expenses and **Section B** for Events & Activities. Use each section as appropriate to outline your anticipated expenses for 2025. If necessary, you may use multiple forms. You **MUST** complete columns A through F for each expense/event.

Notes: (1) Your approved allocation may not be equal to your requested amount; (2) Your event date may need to be adjusted due to facility availability or other factors; (3) If your allocation is approved, regardless of amount, a lead time of 45 calendar days is needed to process a request for funds or reimbursement.

Section B: Events & Activities

Use this section to outline all planned/scheduled events for 2025. All events must be approved by the Senior Pastor. (If necessary, attach multiple forms)

Requested | Expected # of

D

Ε

Requested

Expected

C

Name of Event/Activity	Reason for Expense	Date	Attendees	Budget Amount	Revenue (If Any)	Allocation			
1				\$	\$	\$			
2				\$	\$	\$			
3				\$	\$	\$			
4				\$	\$	\$			
5				\$	\$	\$			
TOTALS FOR 2025				\$	\$	\$			
Approvals - For Budget Committee Use ONLY									
Budget Committee App	proval:				Date Received:				
Trustee Chair/Director	of Operations:				Total Allocation: \$				
Senior Pastor:									

BUDGET

COMMITTEE

Approved