This form is to be completed by auxiliary and ministry leaders to request funding on the church budget. Please read and note changes as you complete this form in its entirety.

Today's Date Name of Auxiliary/Ministry/Department

Contact Number Person submitting request

IMPORTANT CONSIDERATIONS

Please consult the Constitution & Bylaws for your Ministry's Mission Statement. The budget shall only be used for your ministry mission.

<u>PLEASE THINK AHEAD</u>. We hope you will prepare your request prayerfully and thoughtfully to best carry out your mission's goals. Throughout each year you should begin compiling a list of expenditures in which your auxiliary/ministry/department will require for the next fiscal year. Please complete this form and forward it to the Office Administrator (Sis. Deborah Perry), no later than 10/01/24.

What are the financial plans of your auxiliary/ministry/department for the next fiscal year? (BE SPECIFIC: List goals and initiatives that involve the utilization of funds to meet those goals). Please note your budget must be approved by the Budget Committee, before your ministry proceeds with any plans.

(Continue on back)

Expected expenses itemized		Amount	
	_		1
	_		1
			-
	_		_
	_		1
			_
			-
Total Budget Amount:			
After prayerfully considering the needs of the auxiliary/min Baptist Church, I submit to the church my requests.	nistry/dep	partment in which I serve at Spi	ingfield
Signature of Auxiliary/Ministry/Department Leader		Date Submitted	
Reviewed By Deacon Liaison		Date	