

St. Paul A.M.E. Church
85 Bishop Richard Allen Drive
Cambridge, MA 02139

2014 ORGANIZATIONAL/MINISTRY BUDGET REQUEST FORM

For the Period: June – December, 2014

Name of Organization/Ministry

Name of Person Completing This Form:

Date:

	, 2014
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What do you anticipate the EXPENSES of the ministry will be from June 1 – December 31, 2014? Please list all the costs associated with carrying out your ministry, and ANY amounts you will have to pay out.

Description	Amount
1. Dues	
2. Assessment	
3. Travel	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
TOTAL ANTICIPATED EXPENSES (JUNE – DEC., 2014)	

What do you anticipate the INCOME of the ministry will be from June 1 – December 31, 2014? List ALL SOURCES and amounts of income.

Description	Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
TOTAL ANTICIPATED INCOME (JUNE – DEC., 2014)	

PLEASE TURN THIS FORM INTO THE PASTOR'S OFFICE BY JULY 2, 2014.