**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**

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|  |

**Name of Person Completing This Form: Date:**

|  |  |
| --- | --- |
|  |  **, 2014** |

**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.**

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| --- | --- |
| **Description** | **Amount** |
| 1. **Dues**
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| 1. **Assessment**
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| 1. **Travel**
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| **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.**

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| --- | --- |
| **Description** | **Amount** |
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| **TOTAL ANTICIPATED INCOME (JUNE – DEC., 2014)** |  |

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