



MINISTRY PROPOSED BUDGET SUMMARY

Please attach all of the *Ministry Proposed Activity Forms* associated with this budget summary.

Ministry Name: _____

Ministry Account # _____

Ministry Leader: _____

Ministry Leader's Daytime Phone # _____

Ministry Staff Advisor: _____

Staff Advisor Signature of Approval: _____

BUDGET SUMMARY TOTALS

Please break down the total cost by identifying each individual category and the amount.

Ministry Activity Number	Name of Ministry Activity	Total Cost	Total Anticipated Revenue <i>(Ticket sales, etc.)</i>	Net Budget Request <i>(Cost minus Revenue)</i>
1		-	=	
2		-	=	
3		-	=	
4		-	=	
5		-	=	
6		-	=	
7		-	=	
8		-	=	
9		-	=	
10		-	=	
11		-	=	
12		-	=	
13		-	=	
14		-	=	
15		-	=	
A. Total Fiscal Year Proposed Expenses		-	=	
B. Total Fiscal Year Approved Budget		-	=	
C. Difference (A – B = C)		-	=	

