

# *New Morning Light Baptist Church*

## BUDGET SUBMISSION FORM

Funds request for what year: 20\_\_\_\_\_

Ministry Name: \_\_\_\_\_

Ministry Chairperson: \_\_\_\_\_

Co-Chairperson: \_\_\_\_\_

Contact phone # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**1st Qtr Budget Request Amount: \$** \_\_\_\_\_

Provide a brief description of use of funds:

**2nd Qtr Budget Request Amount: \$** \_\_\_\_\_

Provide a brief description of use of funds:

**3rd Qtr Budget Request Amount: \$** \_\_\_\_\_

Provide a brief description of use of funds:

**4th Qtr Budget Request Amount: \$** \_\_\_\_\_

Provide a brief description of use of funds:

**Total Budget Amount Request: \$** \_\_\_\_\_

Reviewed by Trustees: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Approved Amt: \_\_\_\_\_