Mount Zion Baptist Church
901 South Westover Boulevard, Albany, Georgia 31721

(Form Revised September 2011)

BUDGET REQUEST FOR THE YEAR OF 2012

Auxiliary Name: President Signature/Date:

Ministry Name: Ministry Leader Signature/Date:

REVENUE DESCRIPTION	Budget Year Projected Amount	Current Year Actual Amount
Total Revenue	**$**	**$**

EXPENSES DESCRIPTION	Budget Year Projected Amount	Current Year Actual Amount
Total Expenses	**$**	**$**

All Auxiliaries are to complete this form, including transportation needs, and provide it to their Ministry Leader. The Ministry Leaders will review, finalize, and submit all of their ministry budgets to the Church Budget Committee by the required date.