

MINISTRY DECISION / BUDGET RECORD

Ministry Plan and Request for Allocation of Resources

Date: _____

Ministry _____ Director _____

Purpose: _____

Details: _____

Routed to the following for participation:

Name: _____

Ministry: _____

Name: _____

Ministry: _____

Name: _____

Ministry: _____

Name: _____

Ministry: _____

Purchases Necessary:

Cost: _____

Funding Source (1) _____

Funding Source (2) _____

Please check one of the following:

Charge

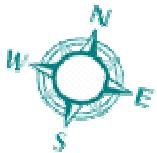
At: _____

Check Requested

Payable to: _____

Reimbursement Requested

Payable to: _____



**UNION BAPTIST
CHURCH**

Please use the back of this form for any additional information on costs, details of project, etc.

Your Signature: _____

Stewardship:

All purchases/expenditures over \$300.00 must be approved by the Stewardship Team (budgeted items included).

Approved: _____

Date: _____

For Administrative Use:

Date Received: _____

Budget Item & No. _____

Designated Account & No. _____

Actions taken: _____

Signature _____

Receipts may be attached to this form upon completion of the project.