



MINISTRY EVENT ITEMIZED BUDGET FORM

Name of Ministry: _____ Ministry Rep: _____

Name of Event: _____

Date of Event: _____

REVENUE		
Date	Description	Amount
Total Revenue		

EXPENSES		
Date	Description	Amount
Total Expenses		

Total Revenue: _____

Minus: Total Expenses: _____

Balance: _____ **Receipts Rec'd by:** _____

