



**Church of the Redeemer Baptist, Inc
Itemized Budget**

Name of Ministry: _____ Contact Person _____

Name of Event: _____ Phone Number _____

Date of Event: _____ Location: _____

REVENUE		
Date	Description	Amount
Total Income		

EXPENSES		
Date	Description	Amount
Total Expenses		

Total Income: _____

Minus: Total Expenses: _____

Balance: _____