Outreach Ministry Events Budget Request

Iowa-Missouri Conference

This request MUST be received not less than two months PRIOR to meeting.

_____
Date Received

MINISTRY EVENT:			
(Such as: cooking school, finance, health, family, Bible study mailing, etc)			
Sponsoring Church:			
Fill this section if applicable:			
Event Begins:	Ends	Time	
Days of Week: Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sab ☐		Total Number of Meetings:	
Type of Facility: Church ☐ Auditorium ☐ Hotel ☐ Community Center ☐ Other			
Name of Facility:			
Location:			
Street	City	State	
Presenter:			

EXPENSE

ADVERTISING	**COST**	**TOTAL**
Signs/Billboards		
Internet/Newspaper		
Radio/TV		
Flyers		
Print & Mailing Cost		
Door Hangers		
	Total Advertising: 0	
MISCELLANEOUS		
Supplies		
Handouts		
Books & Literature		
Child Care		
Misc		
	Total Miscellaneous: 0	
FACILITY RENTAL / GUEST		
# Nights	@	0
TOTAL GUEST EXPENSES		
	Total Rent / Guest: 0	

GUEST PRESENTER EXPENSES

Housing _____
Per Diem _____
Gas _____
Salary _____

TOTAL 0 _____

EXPLANATION/COMMENTS:

TOTAL ESTIMATED EXPENSE	0

INCOME

Offerings/Fees	
Local Church Funds	
Other	
Total Estimated Income	0
APPROPRIATION REQUESTED FROM CONFERENCE	0

Date Submitted	Signature

RETURN TO: Evangelism Coordinator
Iowa-Missouri Conference of SDA
P.O. Box 65665, West Des Moines, IA 50265

OR SUBMIT FROM CONFERENCE WEBSITE: www.imsda.org (Evangelism; Forms)

APPROVED BY EVANGELISM COMMITTEE	DATE