

# THE SANCTUARY AT KINGDOM SQUARE

## MINISTRY EVENT FINANCIAL PROCEDURES FORM



The Sanctuary at Kingdom Square  
5300 Crain Highway, Upper Marlboro, MD 20772  
Phone: (240) 830-5300 | Fax: (301) 336-8871  
[www.TSAKS.org](http://www.TSAKS.org)  
*Bishop-Elect Anthony G. Maclin, Pastor*

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**5300 Crain Highway, Upper Marlboro, MD 20772**  
**Phone: 240-830-5300 † Fax: 301-336-8871**  
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## **MINISTRY EVENT FINANCIAL PROCEDURES**

### ▪ **Budget Preparation**

- A full budget including expected income (based on ticket prices, registrations or participants) and expenses should be submitted along with the Ministry Meeting/Event Proposal.
- If a contract is involved, it too should be submitted with the budget and Ministry Meeting/Event Proposal. **All contracts involving ministries of The Sanctuary must be signed by the Chief Operating Officer or another responsible member of the church staff.**
- The budget and contract(s) will be forwarded to the Chief Operating Officer for review.

### ▪ **Funds Collection**

- We accept cash, checks, money orders and debit/credit cards via online giving, Givelify and CashApp.
- The responsible party in the ministry/committee should keep record of all payments received showing payee's name, amount of payment, method of payment, check number if applicable and date of payment.
- When cash is collected, a receipt must be given to the payee immediately.
- Checks and money orders should be written to "The Sanctuary" or "TSAKS" and include the event name or number on the memo line. **Do not accept any checks within 30 days of an event.** The Ministry Leader/Event Coordinator will be informed by the Office of any returned checks for the event.
- Debit/credit card purchases can be processed online via the church's website on the Online Giving webpage, Givelify or CashApp.

### ▪ **Funds Turn-In**

- All funds should be turned-in immediately with an Earmarked Funds Form by placing in an offering basket during any worship service. Funds may also be brought to the Administrative Office during the week during normal business hours.
- Please include your event number on the Earmarked Funds Form. The event number will be assigned by the Finance Administrative Assistant once your event is approved.

### ▪ **Requests for Earmarked Funds**

- A Request for Earmarked Funds Form must be completed for disbursement of collected funds. Please be sure to include the event number.
- This form should be turned in to the Chief Operating Officer or Finance Administrative Assistant at least 4 weeks in advance noting the date when the funds are needed. All bills for the events are also due at this time.

### ▪ **Closing Out Of The Event**

- Each event will be closed out within the 30 days following the event. The Ministry Leader/Event Coordinator will receive a report showing the actual income and expenses for the event in comparison to the budget.

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**MINISTRY EVENT BUDGET**

**Instructions: Include all expected sources of income and expenses associated with your event. If a contract is involved, please attach it for review and authorized signature.**

Ministry Name: \_\_\_\_\_

Event: \_\_\_\_\_

**INCOME SOURCES** (registrations, ticket sales, etc.)

Expected no. of participants \_\_\_\_\_ x cost per participant \_\_\_\_\_

Church Funds Needed \_\_\_\_\_

Other income (please specify): \_\_\_\_\_

Other income (please specify): \_\_\_\_\_

Other income (please specify): \_\_\_\_\_

**TOTAL INCOME**

**EXPENSES** (Please list all expected expenses. Use an additional sheet if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL EXPENSES**

**NET INCOME** (total income – total expenses)

**For office use only:**

Budget approved as submitted     Budget Approved with noted changes     Budget not approved

\_\_\_\_\_  
 Chief Operating Officer

\_\_\_\_\_  
 Date

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***EARMARKED FUNDS***

**INSTRUCTIONS:** Please complete and submit this form with each event deposit. Deposits can be placed in an offering basket during any worship service or brought to the Administrative Office during the week during normal business hours. PLEASE PRINT CLEARLY.

**Event Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name of Ministry:** \_\_\_\_\_

**Name of Ministry Coordinator:** \_\_\_\_\_

**Name of Ministry Financial Manager:** \_\_\_\_\_

**Contact Information:**

**Home:** \_\_\_\_\_

**Contact Information:**

**Home:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name of Event:** \_\_\_\_\_

**Dates Deposits to be made:**

**From:** \_\_\_\_\_

**Thru:** \_\_\_\_\_

**Date of Activity:**

**From:** \_\_\_\_\_

**Thru:** \_\_\_\_\_

**For initial deposit only:**

\_\_\_\_\_  
**Signature of Ministry Coordinator                      Date**

**Ministry Coordinator's Comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Initial Deposit?  Yes     No**

**Amount of this Deposit:            \$ \_\_\_\_\_**

**Total Earmarked to Date: +    \$ \_\_\_\_\_**

**Total Deposited to Date: =    \$ \_\_\_\_\_**

**Financial Manager's Comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**Signature of Financial Manager                      Date**

**Trustee's Comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**Signature of Trustee    Date**

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**REQUEST FOR EARMARKED FUNDS**

**INSTRUCTIONS:** Please complete and return form to Finance Office along with any supporting documentation at least four (4) weeks in advance. PLEASE PRINT CLEARLY.

**Event Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name of Ministry:** \_\_\_\_\_

**Name of Ministry Coordinator:** \_\_\_\_\_

**Name of Ministry Financial Manager:** \_\_\_\_\_

**Contact Information:**

**Contact Information:**

**Home:** \_\_\_\_\_

**Home:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**PAYEE INFORMATION**

**Pay to the Order of:**

**Name:** \_\_\_\_\_

**Purpose:** \_\_\_\_\_

**Amount: \$** \_\_\_\_\_ **Date Needed:** \_\_\_\_\_

**Form of Payment:**  Church Check  Cashier's Check  Money Order  Debit/Credit Card

**Pay to the Order of:**

**Name:** \_\_\_\_\_

**Purpose:** \_\_\_\_\_

**Amount: \$** \_\_\_\_\_ **Date Needed:** \_\_\_\_\_

**Form of Payment:**  Church Check  Cashier's Check  Money Order  Debit/Credit Card

**Pay to the Order of:**

**Name:** \_\_\_\_\_

**Purpose:** \_\_\_\_\_

**Amount: \$** \_\_\_\_\_ **Date Needed:** \_\_\_\_\_

**Form of Payment:**  Church Check  Cashier's Check  Money Order  Debit/Credit Card

**Pay to the Order of:**

**Name:** \_\_\_\_\_

**Purpose:** \_\_\_\_\_

**Amount: \$** \_\_\_\_\_ **Date Needed:** \_\_\_\_\_

**Form of Payment:**  Church Check  Cashier's Check  Money Order  Debit/Credit Card

\_\_\_\_\_  
**Signature of Ministry Coordinator** **Date**

\_\_\_\_\_  
**Signature of Chief Operating Officer** **Date**