##### 2018-2019 Budget Request Form

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| --- | --- | --- | --- |
| Contact Information | | | |
| **Committee or Cost Center Name** |  | **Contact**  **Person** |  |
| **Phone** |  | **Email** |  |

*This form has two major sections: Expenses and Income. The first allows you to itemize the expenses planned during the 2018-19 Fiscal Year, from July 1, 2018 through June 30, 2019. This section is required for all Committees and Cost Centers. The Income section (page 2) applies* ***only*** *to the fundraising activities that include auction, bazaar, etc., as well as Stewardship, RE and any other group that anticipates generating income for the operating budget. It allows the listing of the sources and amounts of income planned during the 2018-19 Fiscal Year.*

Expenses

|  |  |  |  |
| --- | --- | --- | --- |
| Current Year Information: 2017-2018 | | | |
| Budget Line # | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | **Budgeted Amount** | $ |

|  |  |
| --- | --- |
| Expense Plan for 2018-2019 *Below please itemize amounts and purpose for each expense. Round to nearest dollar.* | |
| *Purpose of Expense Amount* | |
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| Total requested from the operating budget | **$** |

**Attach additional sheets as needed.***If you anticipate needing to expend funds from the* ***Capital Reserve*** *and/or* ***Contingency Fund*** *during the 2018-19 Fiscal Year, please itemize below. Examples would include large expenses for building and grounds or office equipment.*

|  |  |
| --- | --- |
| *Purpose of Capital Reserve and Contingency Fund Expense Amount* | |
|  |  |
|  |  |
|  |  |
|  |  |
| Total requested from Capital Reserve or Contingency Fund | **$** |

Income

*This section should only be used by the Fun/d Raisers, Stewardship, RE and any other group that anticipates generating income for the operating budget during the 2018-19 Fiscal Year.*

|  |  |  |  |
| --- | --- | --- | --- |
| Current Year Information: 2017-2018 | | | |
| Budget Line # | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | **Budgeted Amount** | $ |

|  |  |
| --- | --- |
| Income Plan for 2018-2019 *Below please itemize the amounts by each source of income. Round to nearest dollar.* | |
| *Source of Income Amount* | |
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|  |  |
| Total expected income | **$** |

**Attach additional sheets as needed.**

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| --- |
| DUE DATE: Sunday, January 14, 2018 **Please submit your budget plan no later than the due date**  **to the Finance Committee’s mailbox in the work room**  **or to**  **Tammy Hathaway at admin@albanyuu.org** |