

Evangelism Budget Request

Iowa-Missouri Conference

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

Speaker:							Date Received
Sponsoring Church:							
Meeting Begins:		Ends		Time			
Days of Week: Sun Mon Tues Wed Thurs Fri Sab						Total Number of Meetings:	
Evangelistic Meeting		Daniel/Revelation Seminar			Revival		
Pastor		Pastor		Pastor			
Laity		Laity		Laity			
Other		Other		Other			
Type of Meeting Facility: Church Auditorium Motel Other							
Name of Facility							
Street					City		State
EXPENSES							

ADVERTISING

Signs/Billboards	
Internet/Newspaper	
Radio/TV	
Handbills/Mailing	
Letters/Postage	
Door Hangers	

FREE MATERIAL

Books & Tracts	
Bibles	
Attendance Awards	

MISCELLANEOUS

Decision Cards	
Child Care	
Equipment	
Misc	

HALL RENTAL

# Nights		@	
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TOTAL EVANGELIST'S EXPENSES	
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TOTAL ESTIMATED EXPENSE	
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INCOME

Offerings	
Local Church Funds	
Other	

Total Estimated Income	
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APPROPRIATION REQUESTED FROM CONFERENCE	
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Date Submitted	Signature
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RETURN TO: Evangelism Coordinator
 Iowa-Missouri Conference of SDA
 P.O. Box 65665, West Des Moines, IA 50265

OR SAVE THIS FORM ON YOUR COMPUTER and email to lrochholz@imsda.org AND pwagley@imsda.org

APPROVED BY EVANGELISM COMMITTEE	DATE
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EVANGELIST'S EXPENSES	
Housing	_____
Per Diem	_____
Gas	_____
Salary	_____
TOTAL	_____