

Outreach Ministry Events Budget Request

Iowa-Missouri Conference

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

MINISTRY EVENT:						Date Received _____	
(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		GUEST PRESENTER EXPENSES Housing _____ Per Diem _____ Gas _____ Salary _____ TOTAL _____		
Signs/Billboards							
Internet/Newspaper							
Radio/TV							
Flyers							
Print & Mailing Cost							
Door Hangers							
Total Advertising:							
MISCELLANEOUS							
Supplies							
Handouts							
Books & Literature							
Child Care							
Misc							
Total Miscellaneous:							
FACILITY RENTAL / GUEST							
# Nights		@					
TOTAL GUEST EXPENSES							
Total Rent / Guest:							
TOTAL ESTIMATED EXPENSE							
INCOME							
Offerings/Fees							
Local Church Funds							
Other							
Total Estimated Income							
APPROPRIATION REQUESTED FROM CONFERENCE							
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	