

# Evangelism Budget Request

## Iowa-Missouri Conference

This request MUST be received no 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	
Type of Meeting Facility: Church Auditorium Motel Other:							
Name of Facility							
Street					City		State
<b>EXPENSES</b>							

### ADVERTISING

Signs/Billboards	
Internet/Newspaper	
Radio/TV	
Handbills/Mailing	
Letters/Postage	
Other:	
<b>TOTAL ADVERTISING</b>	

### LITERATURE

Books/Lessons/Etc	
Bibles	
Attendance Awards	
Regist/Decision Card	
<b>TOTAL LITERATURE</b>	

### EQUIPMENT

Rental (AV, etc)	
Equipment	
<b>TOTAL EQUIPMENT</b>	
Supplies: pen, paper..	

### MISCELLANEOUS

Child Care	
Refreshments	
Other:	
Misc	
<b>TOTAL MISC</b>	

### FACILITY RENTAL

# Nights		@	
<b>TOTAL ESTIMATED EXPENSE</b>			

### INCOME

Offerings	
Local Church Funds	
Other	

**Total Estimated Income**

**APPROPRIATION REQUESTED FROM CONFERENCE**

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

**SAVE THIS FORM TO YOUR COMPUTER and email to [lrochholz@imsda.org](mailto:lrochholz@imsda.org) AND [pwagley@imsda.org](mailto:pwagley@imsda.org)**

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