

**HOLY LIGHT MISS. BAPTIST CHURCH**  
**Los Angeles, California**

**BUDGET REQUEST EXPENSE FORM**  
**JANUARY 2014 – DECEMBER 2014**

Name of Organization: \_\_\_\_\_

Name of Contact person(s) & Title: \_\_\_\_\_

Phone Number Home: \_\_\_\_\_

Date: \_\_\_\_\_ Number of Programs Planned: \_\_\_\_\_

Total Funds Requested For Year: \$ \_\_\_\_\_

ACTIVITY	DATE	ACCOUNT #	LOCATION OF PROGRAM	COST

For Office Use Only:

Date Received: \_\_\_\_\_ Requested Amount: \_\_\_\_\_

Budget Reviewed by: \_\_\_\_\_ Adjusted Amount: \_\_\_\_\_

Ministry Evaluation: \_\_\_\_\_

\_\_\_\_\_

Trustee's review of Ministry Date/ Comment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_