



# Zion Travelers M. B. Church Quarterly Budget

Qtr \_\_\_\_\_ 20\_\_\_\_



*Select Your Ministry*

Clergy _____	Help _____	Outreach _____
Clerical/Program _____	Instruction _____	Technology _____
Counseling _____	Men _____	Women _____
Finance _____	Music _____	Youth _____

*Please be as detailed as possible*

### Supplies/Materials

_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$

Total     \$ \_\_\_\_\_ -

### Equipment

_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$

Total \$ \_\_\_\_\_

### Food-Women's Ministry Only

_____	\$
_____	\$
_____	\$
_____	\$
_____	\$

Total     \$ \_\_\_\_\_

### Other

_____	\$
_____	\$
_____	\$
_____	\$

Total \_\_\_\_\_

**Total Amount Budgeted** \_\_\_\_\_

**Signature** \_\_\_\_\_