

**Watts Chapel Missionary Baptist Church
Quarterly Budget Review Form
Ministry Leaders**

Ministry _____ Telephone _____

Period: Jan-Mar April-June July-Sept Oct-Dec

Operations Budget Capital Expenditure Budget

Request for _____ Budget Year Adjustment (*insert budget year*):

Approved Budget	_____
Requested Amount (Increase/Decrease)	_____
Revised Budget	_____
Actual Expenditures	_____

Purpose of the Request:

- Support an existing Program/Project
- New Program/Project
- Cancellation of Approved Budgeted Program/Project
- Unfunded Program/Project
- Redistribution of Approved Budget

Summary Justification:

Ministry Leader Signature _____ Date _____

Stewardship Ministry Action:

Approval: Yes No Date: _____

Comments: _____

Stewardship Ministry Leader _____ Date: _____