

**THE HEIGHTS CHURCH**  
**2024 Ministry Budget Proposal**

NAME OF MINISTRY: \_\_\_\_\_

MINISTRY LEADER/PHONE NUMBER: \_\_\_\_\_

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**PLEASE SUPPLY AS MUCH INFORMATION AS POSSIBLE. THIS WILL ENABLE THE LEADERSHIP TO GIVE  
APPROPRIATE CONSIDERATION TO YOUR REQUEST.**

| <b><i>Category and Justification for Expense</i></b> | <b><i>Requested</i></b> | <b><i>Approved</i></b> |
|------------------------------------------------------|-------------------------|------------------------|
|------------------------------------------------------|-------------------------|------------------------|

Anticipated Supplies

|       |       |  |
|-------|-------|--|
| _____ | _____ |  |
| _____ | _____ |  |
| _____ | _____ |  |
| _____ | _____ |  |

Specific Planned Activities

|       |       |  |
|-------|-------|--|
| _____ | _____ |  |
| _____ | _____ |  |
| _____ | _____ |  |
| _____ | _____ |  |
| _____ | _____ |  |
| _____ | _____ |  |
| _____ | _____ |  |
| _____ | _____ |  |
| _____ | _____ |  |
| _____ | _____ |  |
| _____ | _____ |  |
| _____ | _____ |  |

Other Anticipated Expenses

|       |       |  |
|-------|-------|--|
| _____ | _____ |  |
| _____ | _____ |  |
| _____ | _____ |  |
| _____ | _____ |  |

**TOTAL 2024 BUDGET REQUEST**

***ATTACH ADDITIONAL SHEETS IF NECESSARY***

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**APPROVED 2024 BUDGET** (after Finance Committee adjustments)

**Approved by/Date :** \_\_\_\_\_

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_