

ST. PETER AFRICAN METHODIST EPISCOPAL CHURCH

ORGANIZATION AND AUXILIARIES' MONTHLY BUDGET REPORT FORM

MONTH _____ YEAR _____

from Dates _____ to _____

Organization/Auxiliaries _____

| | |
|---------------|-----------------|
| INCOME | EXPENSES |
|---------------|-----------------|

WEEK 1

| DESCRIPTION | AMOUNT | DESCRIPTION | AMOUNT |
|--------------|--------|--------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | TOTAL | |

WEEK 2

| DESCRIPTION | AMOUNT | DESCRIPTION | AMOUNT |
|--------------|--------|--------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | TOTAL | |

WEEK 3

| DESCRIPTION | AMOUNT | DESCRIPTION | AMOUNT |
|--------------|--------|--------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | TOTAL | |

WEEK 4

| DESCRIPTION | AMOUNT | DESCRIPTION | AMOUNT |
|--------------|--------|--------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | TOTAL | |

| | | |
|----------------------------|-----------------------------|------------------------------|
| <u>INCOME TOTAL</u> | <u>EXPENSE TOTAL</u> | <u>ENDING BALANCE</u> |
| | | |