

**DIOCESE OF MISSISSIPPI
BUDGET REQUEST FORM
2008**

COMMITTEE _____

NAME & ADDRESS OF CONTACT PERSON _____

(include phone number)

	Requested for Next Year
RECEIPTS:	
From Diocesan Operating Budget	
From sources outside operating budget	
Fees (<i>registrations, etc.</i>)	
Tuition	
Other Income (<i>sales, etc.</i>)	
Other:	
Other:	
TOTAL RECEIPTS	
EXPENDITURES	
Committee Meetings	
Conferences	
Membership Fees	
Office Supplies	
Postage	
Printing	
Program Expense:	
Program Expense:	
Telephone	
Training Expenses	
Travel	
Secretarial Services	
Other:	
Other:	
Other:	
TOTAL EXPENDITURES	