

**Maple Springs Baptist Church**

4131 Belt Road

Capitol Heights, MD 20743

**RE-ALLOCATION OF FUNDS REQUEST FORM**

**TO:** FINANCE MINISTRY

**FROM:** \_\_\_\_\_  
(Ministry Leader)

**MINISTRY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**REQUEST FOR RE-ALLOCATION OF FUNDS**

Request a re-allocation of funds in the amount of \$ \_\_\_\_\_ from Budget Code \_\_\_\_\_ to Budget Code \_\_\_\_\_ for calendar year \_\_\_\_\_.

**PURPOSE OF RE-ALLOCATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**MINISTRY LEADER APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**◆◆◆◆◆◆◆◆◆◆ TO BE COMPLETED BY FINANCE MINISTRY ONLY ◆◆◆◆◆◆◆◆◆◆**

**FINANCE MINISTRY APPROVAL:**

**APPROVED BY:** \_\_\_\_\_ **DISAPPROVED BY:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NOTIFICATION TO MINISTRY ON:** \_\_\_\_\_  
(Copy Placed in Ministry Leader Mailbox)