Maple Springs Baptist Church  
4131 Belt Road  
Capitol Heights, MD 20743  

RE-ALLOCATION OF FUNDS REQUEST FORM

<table>
<thead>
<tr>
<th>TO:</th>
<th>FINANCE MINISTRY</th>
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<tbody>
<tr>
<td>FROM:</td>
<td>__________________________</td>
<td>(Ministry Leader)</td>
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<td>MINISTRY:</td>
<td>__________________________</td>
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**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:**

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

**MINISTRY LEADER APPROVAL:** ____________________________ DATE: ____________

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**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)

Revised 11.2013