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| --- | --- | --- | --- | --- | --- | --- | --- |
| 2021 BUDGET REQUEST FORM | | | | | | | |
| NAME OF COMMISSION, COMMITTEE, APPOINTMENT: | | | | | | | |
| Contact name: | | | **Email Address** | | | | Phone Number |
|  | | |  | | | |  |
| Budget Line Number | | | |  | | 2020 Approved Budget | $ |
| 2021 Budget Request | $ | | | | | **2021 Approved Budget** | $ |
| BUDGET REQUEST DETAILS | | | | | | | |
|  | | **AMOUNT** | | | | **AMOUNT EXPLANATION** | |
| Computer Programs | |  | | | |  | |
| Contracted Expense | |  | | | |  | |
| Meeting Expense | |  | | | |  | |
| Phone Expense | |  | | | |  | |
| Subscriptions | |  | | | |  | |
| Supplies & Postage | |  | | | |  | |
| Travel Expense: (Transportation/Meals/Hotels) | |  | | | |  | |
| Websites | |  | | | |  | |
| Workshop / Retreat | |  | | | |  | |
| Other (please list) | |  | | | |  | |
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| TOTAL REQUEST | | $ | | | |  | |
| 1. Narrative regarding amount requested for 2021 and goals to be achieved or the good of the Order. | | | | | | | |
| B. Narrative regarding the benefits achieved for the good of the Order with the 2020 expenditures to date and future continuing benefits. | | | | | | | |
| C. Do you expect to complete all your goals for 2020 by December 31, 2020? | | | | | | | |
| D. Signature  X | | | | | Date  **X** | | |