Mount Zion Baptist Church
901 South Westover Boulevard, Albany, Georgia 31721

(Form Revised SEPTEMBER 14, 2026)

BUDGET REQUEST FOR THE YEAR OF 2027

Ministry Name: _____ President Signature/Date: _____

Ministry Leader Signature/Date: _____

REVENUE DESCRIPTION	Budget Year Projected Amount
Total Revenue	**$**

EXPENSES DESCRIPTION	Budget Year Projected Amount
Total Expenses	**$**

Ministries complete this form in its entirety.
Ministry Leaders review, finalize, and submit budgets to the Budget Committee NLT
FRIDAY, OCTOBER 23, 2026 at 5:00 PM