

**DIOCESE OF MARYLAND OPERATING BUDGET
"COST CENTER" WORKSHEETS
LINE ITEM BUDGETS
for the BUDGET YEAR 2011**

Budget Liaison _____

NOTE: Please ensure **all expected** cash receipts and projected expenses for 2011 are listed on this form. Expenses not listed on this form **WILL NOT BE PAID.**

Line Item: _____ **Mission/Department:** _____

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL
Description of budget need:	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Money In: (All Revenue or Reimbursement)													
* Diocesan Support Requested	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Sources of Funding	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Money Out: (Detail List of Expenses)													
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
												Total Budget Variance:	\$ _____

* PREPARER SIGNATURE _____ DATE _____ (Should Equal \$0)

* PERSON ACCOUNTABLE FOR BUDGET ADHERENCE: _____ * Email Address: _____

* Mailing Address _____ * Telephone Number _____

* = Required Information