

**DIOCESE OF MARYLAND
OPERATING BUDGET
"COST CENTER" WORKSHEETS
LINE ITEM BUDGETS
for the BUDGET YEAR 2008**

Budget Liaison _____

NOTE: Please ensure all expected cash receipts and projected expenses for 2008 are listed on this form. Expenses not listed on this form **WILL NOT BE PAID.**

<u>Line Item:</u> _____	<u>Mission/Department:</u> _____												
	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL
Description of budget need: \$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Money In: (Revenue or Reimbursement)													

TOTALS \$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Money Out: (Detail List of Expenses)													

TOTALS \$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

* PREPARER SIGNATURE _____ DATE _____ BISHOP SIGNATURE _____ DATE _____
(Required for budgets submitted by staff only)

* PERSON ACCOUNTABLE FOR BUDGET ADHERENCE: _____ * Email Address: _____
* Mailing Address _____ * Telephone Number _____

**DIOCESE OF MARYLAND
OPERATING BUDGET
"COST CENTER" WORKSHEETS
LINE ITEM BUDGETS
for the BUDGET YEAR 2008**

*** = Required Information**