

**MARYLAND STATE FIREMEN'S ASSOCIATION
BUDGET REQUEST & AMENDMENT FORM
2016-2017 YEAR**

COMMITTEE NAME: _____

CHAIRPERSON: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBERS: _____ (H) _____ (W) _____ (C)

OPERATIONAL EXPENSES

These are the proposed expenses that your committee will incur in the one year period of July 1st, to June 30th and where the MSFA would be financially responsible. They are to include the items listed below as well as publications, scholarships, and/or any other materials given to the public or members of the Association. **Requests for computers, printers, software, etc., are to be forwarded to the Data Systems Committee and not included in this request. Requests for awards should be forwarded to the Awards committee to be included in their budget. Awards will not be funded by the Convention Committee.** Please list each proposed item and expense (in original column only unless this is an amendment) with any needed explanation. If SAFR Grant funds are requested, please identify in the appropriate column with an explanation below.

EXPENSE ITEM	ORIGINAL REQUEST	AMENDED REQUEST	APPROVED AMOUNT	SAFR	ACCOUNT NUMBER
Postage	\$	\$	\$	\$	
Office Supplies	\$	\$	\$	\$	
Telephone/Fax	\$	\$	\$	\$	
Printing	\$	\$	\$	\$	
Copier Supplies	\$	\$	\$	\$	
Award(s)	\$	\$	\$	\$	
Other:	\$	\$	\$	\$	
Other:	\$	\$	\$	\$	
Other:	\$	\$	\$	\$	
TOTAL	\$	\$	\$	\$	

EXPLANATION: _____

COMMITTEE INCOME

Please list the source and amount of all income which your committee will generate and turn over to the MSFA in the one year period of July 1st to June 30th. If your committee is reimbursed for an award or the award is donated, you must coordinate the cost of that award with the Awards Committee. This is to include the sale of advertisements, raffle tickets, videos, patches, pins, clothing, and other items. Also include any cash donations which your committee expects to receive.

INCOME SOURCE	ORIGINAL AMOUNT	AMENDED AMOUNT	APPROVED BUDGET	ACCOUNT NUMBER
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
TOTAL	\$	\$	\$	

PLEASE FEEL FREE TO ADD EXTRA SHEETS TO EXPLAIN ANY AREAS! ALL FIGURES MUST BE ON THIS PAGE.

COMMITTEE CHAIRPERSONS ARE RESPONSIBLE TO TURN ALL PROPERTY OVER TO NEWLY APPOINTED CHAIRPERSONS AND TO COMMUNICATE BUDGET INFORMATION.

PLEASE COMPLETE THIS FORM AND RETURN IT BEFORE May 15th

TO: Stephan D. Cox
MSFA Budget and Revenue Committee
17 Shannon Dr
Bel Air, MD 21014
msfa96@gmail.com or budget@msfa.org

**** COMMITTEES NOT RETURNING A REQUEST BY MAY 15 WILL NOT BE FUNDED!**

Budget and Revenue Committee Review and Approval Date: _____/_____/_____

Budget and Revenue Committee Chairman: _____

Executive Committee Review and Approval Date: _____/_____/_____