

**Budget Worksheet (Page 1) -- July 1, 2016 - June 30, 2017**

<b>Name of Individual:</b>	<b>Chapter:</b>
<b>House Treasurer:</b>	<b>House Checking Account Number</b>
	<b>Budget Covers Number of Months:</b> 12

	<b>EXPENSES</b>	<b>Monthly</b>	<b>Annually</b>	<b>Category Totals</b>
	<b>Living Expenses</b>			
	Food, Hospitality and Household Supplies			
	Subscriptions, Memberships, Postage			
	Pets (food, supplies, veterinarian)			
	Personal Needs			
	Spiritual Direction			
	Education/Workshops/Books			
1	<b>Living Expenses Total</b>			
2	<b>Congregation Meetings/Mission Group Expenses</b>			
	<b>Transportation Expenses</b>			
	Tolls, Car Washes			
	License Plates			
	Other: (Please List Reason)			
3	<b>Transportation Expenses Total</b>			
	<b>Housing Expenses</b>			
	Rent (Sisters living in congregation housing do not put rent here)			
	Phone/Cable TV/Internet			
	Gas			
	Electricity			
	Water/Sewer/Garbage Removal			
	Maintenance/Cleaning Services			
4	<b>Housing Expenses Total</b>			
5	<b>Subtotal - Expenses for Daily Living (Add Lines 1+2+3+4)</b>			
<i>Compare the amount on line 5 to the Guideline for Daily Living table for your geographical location listed in the instructions</i>				
	<b>Health Care Expenses</b>			
	Health Insurance Premiums (Non-Congregational Coverage)			
	Medical (Non-Humana copays, deductibles and doctor visits, or for prescriptions and over-the-counter medicines not covered by your plan)			
	Dental (Non-Congregational Coverage)			
	Optical			
	Hearing			
	Other Health Related Expenses (Please list type):			
6	<b>Health Care Expenses Total</b>			
	<b>Other Expenses</b>			
	Furniture, Large & Small Appliances, Linens			
	Computers & Related Equipment/Software			
	Professional Licenses and Liability Insurance			
	Continuing Education Requirements			
	Professional Expenses - Clothing, Uniforms, etc.			
	Study or Sabbatical Expenses			
7	<b>Other Expenses Total</b>			
8	<b>Subtotal Expenses (if receiving support from the Congregation, transfer to Line R on Page 2)</b> <b>(Add Lines 5 + 6 + 7)</b>			
	Retreat			
	Vacation			
	Ministry Transition/Moving			
9	<b>Retreat, Vacation and Ministry Transition/Moving Total</b>			
10	<b>Total Expenses (if NOT receiving support from the Congregation, transfer to Line R on Page 2)</b> <b>(Add Lines 8 and 9)</b>			



**Budget Worksheet (Page 2) -- July 1, 2016 - June 30, 2017**

Name:		Chapter:	
Address:		House Checking Account Number	
City/State/Zip:		Phone:	
House Treasurer:		Column 1	Column 2
	<b>INCOME</b>	Deposited into House Account	Paid Directly to Finance Office by Employer
	<b>Income From Ministry</b>		
A	<b>Nontaxable salary</b> - member who is employed by an organization that is listed in the Official Catholic Directory		
B	<b>Taxable salary</b> - member who is employed by an organization that is not listed in the Official Catholic Directory, <b>enter net amount (after taxes)</b>		
C	<b>Other Income</b> - member who receives income from a source other than an employer <i>Source:</i>		
D	<b>Retirement</b> (if designated as a separate item in your compensation agreement)		
E	<b>Social Security Equivalency</b> (if designated as a separate item in your compensation agreement)		
F	Total Income from Ministry (add lines A, B, C, D and E)		
	<b>Support from the Generalate/Ministry Trust</b>		
G	Leadership or Congregation Staff		
H	Member who is approved for study or sabbatical		
I	Active Member who is (a) seeking a ministry (b) temporarily unable to serve in a compensated ministry or (c) whose employment income does not cover her total expenses.		
J	Members serving in a Congregation Initiative: British Columbia, Dominican Republic, etc.		
K	<b>Total Support from Congregation</b> (add lines G, H, I and J)		
	<b>Support from the Camilla Madden Charitable Trust</b>		
L	Senior member or member with a long-term disability who is serving (a) in a ministry of prayer & presence, (b) as a volunteer, or (c) self-employed or serving in a part-time compensated ministry that does not cover her total expenses		
M	<b>Total - All Income</b> (add lines F, K and L)		
N	<b>Pension Benefit Annual Amount</b> (Received by Congregation)		
O	<b>Social Security Benefit Annual Amount</b> (Received by Congregation)		
P	Retirement (if designated as a separate item in your compensation agreement <b>and</b> not paid directly to the Finance Office) (Amount from Line D)		
Q	Social Security Equivalency (if designated as a separate item in your compensation agreement <b>and</b> not paid directly to the Finance Office) (Amount from Line E)		
R	<b>Total Expenses</b> (From Page 1 - line 8 if Congregation Supported; line 10 if not receiving support from the Congregation)		
S	<b>Congregation Services - Income over Expenses sent to Generalate</b> (subtract lines P+Q+R from the total on line M)		

\*\*Please indicate the annual amount and method of payment to the Congregation for Retirement and Social Security (if designated as separate items in your compensation agreement and not paid directly to the finance office) and Congregation Services (if applicable).  
For convenience, the corresponding cells above are bordered in orange.

	AMOUNT	PAYMENTS TO THE CONGREGATION		
		AUTOPAY		HOUSE TREASURER
<b>RETIREMENT</b>		<input type="checkbox"/> 10 month	<input type="checkbox"/> 12 month	<input type="checkbox"/>
<b>SOCIAL SECURITY</b>		<input type="checkbox"/> 10 month	<input type="checkbox"/> 12 month	<input type="checkbox"/>
<b>CONGREGATION SERVICES</b>		<input type="checkbox"/> 10 month	<input type="checkbox"/> 12 month	<input type="checkbox"/>

**Budget Worksheet (Page 3) -- July 1, 2016 - June 30, 2017**

		House Checking Account Number	
<b>Member Information</b>			
Name			
Signature			
Employer			
Compensated Ministry (position, i.e. Teacher, DRE, Chaplain, etc.)			
Is your ministry taxable or non-taxable? (employer listed in the Catholic Directory)			
Volunteer Ministry (position, i.e. Tutor, Receptionist, etc.)			
Is your position considered full time by your employer?			
Whether in a compensated or volunteer ministry, indicate the number of hours per week you are scheduled to work.			
Congregation Staff--Budget Center/Department			
Congregation Staff--Budgeted number of hours per week			
<b>Medical/Dental Insurance Information</b>			
Please indicate source of <b>Medical Insurance</b> . If Other, specify plan and source (employer, retirement, etc.).	<input type="checkbox"/> Congregation Humana	<input type="checkbox"/> Congregation Blue Cross/ Blue Shield	<input type="checkbox"/> Other:
If you are enrolled in a secondary <b>Medical</b> plan please indicate the secondary plan and source.			
Please indicate source of <b>Dental Insurance</b> . If Other, please specify plan and source (employer, retirement, etc.).	<input type="checkbox"/> Congregation Dental	<input type="checkbox"/> Other:	
<b>Automobile Information</b>			
Year and Make of the vehicle you drive			
License Plate Number and State of Issuance			
If your car is not covered under the Congregation's insurance, list the name and source of Vehicle Insurance Coverage			
<b>Pension Information</b>			
Source of Pension (for Sisters who are retired and receiving a pension)			
Do you participate in a 401K, 403B or Employer sponsored pension plan? If so, please include a copy of your most recent quarterly statement.			
<b>Member Expenses Paid through the General Fund</b>		<b>AMOUNT</b>	
Congregation Health Insurance			
Congregation Dental Insurance			
Social Security Equivalency (see instructions for new rules as to who should budget for equivalency)			
Congregation Fleet Maintenance and Fuel Program (see instructions)			
Automobile Insurance			
Automobile Usage (depreciation for 2012-2016 models)			
Rent for Residents of Congregation Owned Housing			
Chapter Assembly (Registration & Lodging during the assembly) See instructions for Chapter amounts			
<b>Total Member Expenses Paid through the General Fund</b>			

**Chapter Prioress Approval:** \_\_\_\_\_

**Date** \_\_\_\_\_