

Name: _____ Department: _____

Survey:

	Place an "X" in the appropriate box.		
Are you receiving outside income? (income from sources other than your US Missions account):	Yes		No
Do you receive income from a church or corporation NOT reported to US Missions?	Yes		No
If you are paid through a corporation, are you receiving adequate funds?	Yes		No
Does your spouse have income that is not related to your work as a missionary?	Yes		No
Do you feel that you have adequate income to cover your personal expenses?	Yes		No
Do you feel that you have adequate income to cover your ministry expenses?	Yes		No
Are you and your family covered by health insurance?	Yes		No
Are you contributing to a retirement plan?	Yes		No

Monthly Budget:

Personal Allowance	
Spouse Stipend (if eligible)	
Benefits	
Health insurance	
Dental Insurance	
Life Insurance	
MBA or Retirement Plan	
Medical Deductibles/Co-pays/Prescriptions	
Total Benefits	
Work Allowance	
Conference/Travel Allotment	
Advertising/Promotional Expense	
Automobile Expense	
Office Expense	
Books/Magazines	
Telephone (Business only)	
Travel (Motel, Food, Plane, Etc).	
Entertainment/Hospitality	
Misc Fees	
Other:	
Total Work Expenses	
Total Monthly Budget	