

ASSEMBLIES OF GOD U.S. MISSIONS

PRE - BUDGET FORM

Name _____ Date _____

1. **ALLOWANCE** - Please provide the following information so that we may establish your allowance figure.

What is your field of ministry? _____

What city and state will be your assigned location? _____

Spouse Stipend? _____

(For credentialed spouses working full or part time in ministry-see form.)

2. **INSURANCE** – At this time we do not offer any type of health insurance or dental insurance.

All insurances are paid in addition to your personal allowance as a taxable benefit.

Health Insurance:

Company Selected _____ Monthly Cost \$ _____

Dental Insurance:

Company Selected _____ Monthly Cost \$ _____

Life Insurance:

Company Selected _____ Monthly Cost \$ _____

Medical Deductibles, etc. to be set aside in class (88) Monthly Cost \$ _____

3. **MINISTERS BENEFIT ASSOCIATION (MBA)** - MBA is the retirement plan provided for approved U.S. Missionaries. You are allowed to take up to \$500.00 monthly from your (00) work support for your retirement if you are married, and up to \$425.00 if you are single. (This will not set up your MBA, this is only for budget purposes)

Do you choose to participate in this program? Yes No

How much would you like to have set aside monthly from your (00), using the above guidelines? \$ _____

Note: You may designate additional funds to either the MBA savings or retirement side. However, additional funds must come from your personal allowance. The funds to savings are considered taxable income. Funds placed in your retirement account are tax deferred. For further information concerning this plan, please contact the MBA office at (417) 831-4776. Should you decide to have either of these two items deducted from your allowance, please make the request to the AGUSM finance office.

4. WORK BUDGET - You will need to estimate a MONTHLY work budget for your field assignment. The work budget will then be reviewed by AGUSM. The following is a guideline to use for preparing those figures.

Advertising and promotional expenses	\$ _____
Automobile expenses (mileage if you are driving your personal auto, actual expenses if you are driving a STL auto.)	\$ _____
Office expenses (postage, supplies, etc.)	\$ _____
Banking service charges	\$ _____
Telephone (long distance business only)	\$ _____
Rent of business property, utilities, etc.	\$ _____
Travel (Motel, food, plane, auto rental, bus, cabs, etc.)	\$ _____
Other (list item and dollar amount)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please list below any **one time only work items** for which you will need to budget. These items would include equipment to be purchased, moves to make, etc. Be sure to estimate the cost of each item.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Note: This form must be returned for budget to be established.

Figures submitted above will be factored with a set percentage to account for inflation and loss of faith promises. After approvals are received from appropriate personnel/committees, an official budget will be mailed to you.

Should you have questions or comments on your final budget, please contact your department or your Financial Support Team.

Return to:
Assemblies of God U.S. Missions-1445 N Boonville Ave-Springfield, MO 65802
Fax: (417)873-9734 E-Mail: agusmfinance@ag.org