PARISH/MISSION/CAMPUS MINISTRY SUBSIDY FORM

Diocese of Wheeling-Charleston
FINANCE OFFICE
P.O. Box 230
Wheeling, WV 26003-0010

Name of unit: _____

Complete mailing address: _____

Report for the month of: _____

Checking account balance as of: _____ $ _____

Receipts:	1.	Envelopes	$ _____
	2.	Loose Offertory (specify)	$ _____
		(specify)	$ _____
	7.	Bequests & Contributions	$ _____
	18.	Stipends & Stole Fees	$ _____
	23.	(specify)	$ _____
	24.	Diocesan Subsidy	$ _____
	25-40.	Special Collections (specify)	$ _____
		(specify)	$ _____
	42.	Total Receipts	$ _____
		TOTAL CASH AVAILABLE	$ _____
Disbursements:	101.	Salary of Pastor/Administrator	$ _____
	105.	Other Salaries (specify)	$ _____
		(specify)	$ _____
	108.	Hospitalization	$ _____
	109.	Workers' Compensation	$ _____
	110.	Food & Household Expense	$ _____
	111.	Transportation	$ _____
	112.	Office Expenses	$ _____
	113.	Liturgical Expenses	$ _____
	116.	CCD/Adult Religious Education	$ _____
	118.	Evangelization/Ecumenism	$ _____
	119.	Social Concerns	$ _____
	121.	Utilities	$ _____
	123.	Insurance	$ _____
	124.	Ordinary Maintenance/Repairs	$ _____
	125.	Equipment & Furnishings	$ _____
	131.	Diocesan Collections to Chancery (specify)	$ _____
		(specify)	$ _____
	142.	Total Disbursements	$ _____

Checking account balance as of _____ $ _____

Reserve balance (Diocesan and other) $ _____

Subsidy request for the month of _____ $ _____

Submitted by _____ Date: _____