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Pre-Operational Expenses

Calculate how much money you need to get the business up and running

Startup Expense	Estimated Amount
Building and/or Remodeling Costs	\$0.00
Cash on Hand	\$0.00
Dues and Subscriptions	\$0.00
Fixtures and Equipment	\$0.00
Initial Promotional Costs: Advertising and Marketing	\$0.00
Insurance	\$0.00
Lease Payments	\$0.00
Licenses and Permits	\$0.00
Miscellaneous	\$0.00
Professional fees (ex Attorney or CPA)	\$0.00
Rent	\$0.00
Research and Development	\$0.00
Security Deposits	\$0.00
Services	\$0.00
Signs	\$0.00
Starting Inventory	\$0.00
Supplies (office and cleaning supplies)	\$0.00
Utilities Deposits	\$0.00
Other	\$0.00
Other	\$0.00
Other	\$0.00
Total Pre-Operational Expenses	\$0.00

Fixed and Variable Expenses- First 3 mos-Year

Calculate how much money you need to operate the business for the first 3 months to a year

Operational Expenses	Estimated Amount
Salaries & Benefits:	
Salary	\$0.00

EXPENSE WORKSHEET									
Line 13: Average Monthly Expenses		Estimated	Actual	Proposed Needs					
		1	2	3					
A	Residence payments				\$	-			
	Rent or mortgage				\$	-			
	1st mortgage principle				\$	-			
	1st mortgage interest				\$	-			
	2nd mortgage principle				\$	-			
	2nd mortgage interest				\$	-			
	Equity Line				\$	-			
	Rent property taxes				\$	-			
	Landlord insurance				\$	-			
	Personal article policy				\$	-			
	Homeowner's or renter's insurance				\$	-			
	Other				\$	-			
	TOTAL				\$	-			
	Maintenance				\$	-			
	Gasoline/landscape maintenance				\$	-			
	Landscape plantings				\$	-			
	Pool service/supplies				\$	-			
	Domestic help				\$	-			
	Handyman				\$	-			
	Alarm system				\$	-			
	Carpent/Disasters				\$	-			
	Chimney/Plumbing				\$	-			
	Furnishings/Decor				\$	-			
	Pest control				\$	-			
	Road/Highway				\$	-			
	Maintain set aside reserve for maintenance and repair				\$	-			
	Other				\$	-			
	TOTAL				\$	-			
B	Unreimbursed medical & dental expenses								
	Medical/dental insurance premiums				\$	-			
	Portion of insurance premiums paid by client through employment				\$	-			
	Unreimbursed/unreimbursed physician visits (average/month)				\$	-			
	Unreimbursed psychiatric therapy (average/month)				\$	-			
	Unreimbursed dental (average/month)				\$	-			
	Unreimbursed hospital costs (average/month)				\$	-			
	Unreimbursed orthodontia costs (average/month)				\$	-			

Team Budget Worksheet						
Team Number	Number of Team Members		Mission Dates			
Team Leader (TL):			Depart	Work	Return	Number of Days
Mission Site						1
Originating Church						
Team Leader Phone Numbers	Work	Home	Cell			
Team Leader E-mail Address			Fax			

OKVM FEES	Unit Cost	# Times	# Members	Budget	Paid to VM	Paid to 3rd Parties
Team Registration Fee	\$25	x 1	x N/A	\$ 25	\$ 25	
Airline Arrangement Fee	\$50	x	x N/A	\$ -	\$ -	
Administration Fee (choose one)						
"A" Team Regular - Mission - Minimum	\$5	x 1	x	\$ 75	\$ 75	
One Day Mission - Minimum \$20.00	\$2	x	x	\$ -	\$ -	
International Mission Insurance	\$2.50	x 1	x 0	\$ -	\$ -	
Team Recognition Items						
OK VM Plaque	\$12	x	x N/A	\$ -	\$ -	
Team T-Shirts	\$10	x	x	\$ -	\$ -	
Team Polo or Denim Shirt	\$20	x	x	\$ -	\$ -	
Shipping	\$1	x	x	\$ -	\$ -	
Other	\$1	x	x	\$ -	\$ -	
TOTAL OKVM FEES AND DISBURSEMENTS				\$ 100	\$ 100	\$ -

TRAVEL TO MISSION SITE	Unit Cost	# Times	# Members	Budget	Paid to VM	Paid to 3rd Parties
Airfare		x 1	x	\$ -	\$ -	
Airfare		x	x	\$ -	\$ -	
Entry and Exit Fees		x	x	\$ -	\$ -	
Land Transportation		x	x	\$ -	\$ -	
En Route Travel Costs						
Meals		x	x	\$ -	\$ -	
Lodging		x	x	\$ -	\$ -	
Other		x	x	\$ -	\$ -	
Van Rentals						
Trailer Rentals						
Border Crossing Fee						
Rentals (other)						







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