Jerusalem
BAPTIST CHURCH OF HOPKINS
SOUTH CAROLINA

BUDGET REQUEST FORM

NAME OF MINISTRY: _____

MINISTRY HEAD SIGNATURE: _____

AMOUNT REQUESTED: _____

LIST OF ACTIVITIES FOR YEAR

Please note: Please submit your program approval forms along with your budget request.
Please attach additional information as needed.

Description Estimated Cost

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AMOUNT APPROVED: _____

BUDGET CHAIRPERSON SIGNATURE:_____

1051 Clarkson Road - c/o P.O. Box 463, Hopkins, SC 29061