Galilee Missionary Baptist Church

Ministry Equipment and Supplies Request

Description of Item	Quantity	Cost/Vendor	Purpose/Need
TOTAL			

Ministry _____ Cluster _____

Signature Servant Leader _____ Signature Ministry Secretary_____

For Office Use Only:

Pastor's Signature _____ Director of Ministries Signature _____

Approved _____ Submitted for Processing _____
Date

Returned to Servant Leader _____ Reason for Denial _____
Date

_____