

# Hebron Fellowship Baptist Church *Clerical Support Form*

## General Information

Ministry:	Event:
Ministry Lead:	
Requested Dates:	Submitted by:

## REQUEST INFORMATION

Describe your request as specifically as possible:

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*Complete This Section for Photocopy Request*

# of copies \_\_\_\_\_

Black & White

Stapled

Collated

1-Sided

Full Color

Binding

Uncollated

2-Sided

### FOR OFFICE USE ONLY

Approved

Not Approved

Reason: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Dated Completed: \_\_\_\_\_

Comments:

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