

BAP Election Form

Pastor's Name

Church Name

Church Mailing Address

Church Phone

This is to inform you that your Business and Professional expense allowance for the year 2014 has been approved for the following amount:

Church Multiplication Director's Signature:

Date:

Receipt Acknowledged By:

Pastor's Signature:

Date:

Advisory Committee Member's Signature (if applicable):

Date:

Advisory Committee Member's Signature (if applicable):

Date:

Advisory Committee Member's Signature (if applicable):

Date:

Network Secretary's Signature:

Date: