

Budget year:

Project name:

Year started:

Organization:

Contact:

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Contact phone:

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Contact email:

Address:

District:

☐

North

West

9

Central

9

South

Project leader:

Phone:

Email:

DESCRIPTION / MATERIALS	EST. COST
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL REQUESTED	\$

Project Leader signature

Date

BCMG TREASURER USE ONLY

Project: Budget year:

Account #: Date received:

Decision: ☐ Approved ☐ Denied

Requested budget: \$ Approved budget: \$

Notes:

BCMG Treasurer signature	Date
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BCMG President signature	Date
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