CATHOLIC DIOCESE of SALINA

# Expenditure Request Form

Expenditures over $20,000

## Request Made By

| | |
|---|---|
| **Pastor/Admin** | |
| **Parish/Entity** | |
| **Address** | |
| | |

## Financial Information

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|---|---|
| **Present debt (if any)** | |
| **Funds invested at the Diocese** | |
| **Funds not invested at the Diocese** | |

## Project Information

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|---|---|
| **Projected cost of the project** | |

| **Description of the project** |
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**We will finance the project in the following manner:**

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| Fundraising | |
| Cash and funds on hand | |
| Loan from the Diocese | |
| Insurance indemnification or grant | |
| Funds not invested at the Diocese | |
| Withdrawal from funds invested at the Diocese | |

Withdrawal Date *(approx)*: _____

## Authorization

We, the undersigned, hereby request permission to expend the above cost for the purpose of the project described. *(sign below)*

**Pastor/Admin:** _____

**Date:** _____

| Finance Council | Parish, School, or Other Council |
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