

St Michael's Catholic Parish

Project Approval Request

Project Name _____

Requested by _____

Date

Project Scope/Description

Where will funds come from:

Accounting Code to be used for Disbursements:

Disbursements drawn from

Name of contact person (Coordinator)

Diocesan Approval Required
(\$25,000 or above)

Yes

No

St Michael Approvals

Pastor _____ Date

Finance Council _____ Date

Parish Council _____ Date

Maintenance Committee _____ Date

Bookkeeper (Received into Church Office) _____ Date