Trinity & St. Philip's Cathedral
Project Finance Requisition Form

Report Date: **Budget Line:** **Total Project Cost:** **To**

Vestry Resolution # If Applicable:

First Name: **Lastname**

Email Address:

Check Payee Name:

Please describe project. If there is a payment plan please outline the plan.

List

Date	Description	Cost

Sub Total	$0.00
Less Cash Advance	
Total Expenses	$0.00

Signatures:
Requester's Name:

Approved By:
Church OfficerTitle: Dean Warden Treasurer