

St Matthew Catholic Cemetery

Request for Special Project Funds

Fill out the form below. All receipts should be copied & attached and sent to mrp179@nc.rr.com.

Date: ____/____/____

Name of requestor _____

Email/Phone # _____

Name of contact, if different _____

Email/Phone # _____

Project Name _____

Committee/Organization _____

Total Project Cost \$ _____ Amount Requested (limit \$2000): \$ _____

Date Needed ____/____/____ Projected Completion: ____/____/____

Recurring project? Yes No _____

...if so, how was it funded before _____ Budgeted Maintenance Expense? _____

Impact on project if not approved _____

Who will benefit from the project _____

How project helps mission/vision _____

<u>Description of Request</u>	<u>Amount Requested</u>
_____	\$ _____
_____	_____
_____	_____
Total	\$ _____

Reviewed at Cemetery Meeting: ____/____/____

Disposition: Approved _____ Denied/reason for denial _____

Cemetery Committee rep _____

Finance Council rep _____

Parish Council rep _____

Check issued (date) ____/____/____ Amount \$ _____