



Archdiocese of Agana
 196 Cuesta San Ramon, Ste. B, Hagåtña, GU 96910
 Tel: (671)472-6116
 Fax: (671)477-3519

**EXPENDITURE APPROVAL
 REQUEST
 of \$25,000 and ABOVE**

Parish / School : _____ Date: _____

Prior to committing to spend \$25,000 - \$100,000 of parish/school funds, submit this form with a copy of the Parish/School Finance Council Minutes to the Office of the Chancellor for Review and approval. Enclose vendor quotes if the request is for a capital expenditure.

Request permission to spend \$ _____ for the following purpose (itemize):

_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	\$ _____

Are expenditures included in the current budget? YES _____ NO _____

Expenditures will be funded as follows:

From Current Operations	\$ _____
Withrwal from Savings	_____
Temporary Restricted	_____
Loan Required	_____
TOTAL	\$ _____

Financial Information

Present Balance

Checking Account \$ _____ Savings Account \$ _____ Loan \$ _____

Budgetary Information - Current Year:

Parish/School Operating Receipts	\$ _____
Less: Parish/School Operating Expense	\$ _____
Net Operating Surplus/(Deficit)	\$ _____
Less: Parish/School Capital Expenditure	\$ _____
Net Operating Surplus/(Deficit)	\$ _____

Current Year Loan Deposit Program & Debt Payment Activity

	<u>BUDGETED</u>	<u>ACTUAL</u>
Principal Payment	\$ _____	\$ _____
Interest Payment on Loan	\$ _____	\$ _____
Commercial Loan Proceeds	\$ _____	\$ _____
LDP Proceeds	\$ _____	\$ _____
LDP Loan Principal Payments	\$ _____	\$ _____
Past Due Bills Debt Repayment	\$ _____	\$ _____
Withdrawals from LDP Savings	\$ _____	\$ _____

Signature Over Printed Name:

_____ Chair of the Parish/School Finance Council	_____ Date
_____ Pastor/Principal/School Administrator	_____ Date
Receive for Approval by: _____ Chancery Office	_____ Date

Remarks: _____
 Remarks: _____