



**ARCHDIOCESE OF LOS ANGELES  
DEDICATED GIFTS TRUST**

4311 Wilshire Blvd Los Angeles, CA 90010

**CTR-CTR-P**

		Date:	
Parish / School / Other:		Phone No:	
Address:		Email:	

Account Name	Department ID		Acct Number	Withdrawal
			Total Withdrawal	

Authorized Signature: Pastor, Administrator and/or School Principal

Signature	Print Name	Date
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**Construction Project Management**

APPROVED BY:		DATE:	
PROJECT:		PROJECT ID:	
PROJECT TYPE:	<b>CTR</b>	PAYABLE TO:	<b>VENDOR</b>
	<b>CTR_P</b>		<b>PARISH</b>
VENDOR:		INVOICE #:	

**Construction Project Coordination & Payment**

VENDOR #:		COST CODE:	
ACCT #:		INVOICE AMT:	
PI#			
PI#			
PI#			
PI#			
Construction Department Approval:			
		Date:	