



ARCHDIOCESE OF LOS ANGELES INVESTMENT PROGRAM

INVESTMENT PROGRAM DEPOSITS, WITHDRAWALS AND TRANSFERS

MAIL TO: ARCHDIOCESE OF LOS ANGELES
 INVESTMENT PROGRAM
 PO BOX 51752
 LOS ANGELES, CA 90051-6052

Date:

Parish/Schools/Others:		Telephone No:	
Address:		Email:	

Account Name	Cost Center (5)	Acct Number (3)	Check #	Check Amount	Transfer (X)	Long Term		Fixed Income	
						Deposit	Withdrawal	Deposit	Withdrawal
TOTAL									

Instructions To Complete This Form:
 1) Record Check Deposits first, Check Withdrawals next, then Pool and Account Transfers last.
 2) Transfers require 'X' in transfer column. Group related transactions.
 3) Proof Total of Transfer Deposits must equal Total of Transfer Withdrawals.
 4) Construction invoices should have invoices attached and sent to the Construction Department.

Reason for withdrawal

Authorized Signature: Pastor, Administrator and/or School Principal		
Signature	Print Name	Date

Construction Project Management:

APPROVED BY:		DATE:	
PROJECT		PH:	
PROJECT TYPE:	Standard	PAYABLE TO:	Vendor
	Other		Parish
VENDOR NAME:		INVOICE #	

Construction Project Coordination & Payment:

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

Requests over \$30,000.00 require Regional Bishop approval.

Authorized Signature: Regional Bishop		
Signature	Print Name	Date