DIOCESE of COLUMBUS

Project/Purchase Request

This is a Diocesan form for internal use only and is NOT an approval of the project request

Parish/School/Diocesan Organization: _____

Requestor Name: _____

Position: _____

Email Address: _____ Phone: _____

Person of Contact (if different from Requestor): _____

Email Address: _____ Phone: _____

Date Submitted: _____ Date Requested (10 business days is typical):_____

Vendor/Contractor: _____ Email: _____ Phone: _____

Project Description, including Purpose/Rationale/Case Statement: _____
(include additional attachment if necessary)

_____

_____

_____

Project time frame (start to finish): _____

Project/Purchase amount: _____

Source of Funds: _____ Insurance Claim? Yes ___ No___

Please list attachments - **Do NOT sign any documents on behalf of the owner/Diocese**

- ☐ Documented Consultation from Finance Council (e.g. meeting minutes)
- ☐ Contract or Proposal of work (signed by contractor)
- ☐ Addendum (completed by contractor)
- ☐ Certificate of Insurance (from contractor)
- ☐ Ohio Worker's Compensation Certificate (from contractor)
- ☐ Other

Signature: _____

(Pastor, if request is for parish or parochial school; Diocesan School Principal; Diocesan Organization Director)

If less than $25,000 no signature required

Please submit this form, along with requested attachments to: Office of Finance
197 E Gay St
Columbus, OH 43215
projectrequests@columbuscatholic.org

Revised 9/2025