



Catholic Diocese of Columbus Project/Purchase Request Form

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 work days is typical): _____

Vendor/Contractor: _____

Project Description, including Purpose/Rationale/Case Statement: _____

(include additional attachment if necessary)

Project time frame (start to finish): _____

Project/Purchase amount: _____

Source of Funds: _____

Please list attachments

- Contract or Proposal of work, in MS Word format if possible (signed by contractor)
- Addendum (signed by contractor)
- Certificate of Insurance (from contractor, include Roman Catholic Diocese of Columbus as insured/certificate holder)
- Worker's Comp Certificate (from contractor)
- Other _____

Signature: _____

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

Please submit this form, along with requested attachments to:

Office of Vicariate Support
197 E Gay St
Columbus, OH 43215
projectrequests@columbuscatholic.org

OFFICE USE

- Real Estate/Facilities Review _____
- Legal Review _____
- Finance _____
- Office of Catholic Schools _____
- Final Communication Date: _____