



HOLY TRINITY

CATHOLIC CHURCH

Believe • Belong • Become

Ministry Income/Expense Approval Form

Date _____

Ministry _____

Contact Name _____

Contact Phone _____

Contact Email _____

Expected Income (if Applicable) _____

Expense Request Detail:

Estimated Cost _____

Approved _____ Date _____

***Request must be made and approved at least 2 weeks prior to purchasing.**

Please return completed request to:

Mariana Robles (mariana@holytrinitysat.org) or

Andrea Ziminsky (andrea@holytrinitysat.org)