

## **DIOCESE OF ST. PETERSBURG**

**Pastoral Center** 

Mailing Address:
Post Office Box 40200
St. Petersburg, FL 33743-0200
www.dosp.org
Office:
6363 Ninth Avenue North
St. Petersburg, FL 33710
727-344-1611
Fax: 727-345-2143

**Construction Work in Progress Transfer Authorization Form** 

Entity:		City:			
Project Description:					
Project Cost:					
Funding Source (enter all that	apply)				
	Dollar Amount	S	Source Details		
Savings Account 1:	\$	8		D	
Savings Account 2:	\$	8	<del>-</del>	D	
Savings Account 3:	\$			D	
Check:	\$	Check	Check #		
Loan:	\$	Loan #	Loan #		
Total Amount:	\$	Petersbur —— Memo: Ad Name (i.e	Checks Made Payable to: Diocese of St. Petersburg Savings & loans Memo: Account Number of S&L and Project Name (i.e. 8056-999D St. Jude Church Renovation)		
Authorization:  I grant the Diocese of St Pe	tersburg Inc. the authority		,	aforementioned	
amount(s) above to our Dioce			-		
· ,	· ·				
(signature)			Date		
Print Pastor/Principal/Exec.	Director Name				