



**Financial Report Form #2**

**Haiti Twinning – Catholic Diocese of Richmond**

**Recurring Expense Proposal Form**

**Project Name:** \_\_\_\_\_

**Haitian Twin:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Haiti Contact Person:** \_\_\_\_\_

**Recurring Expense:** \_\_\_\_\_

**Recurring expense description:**

**Rationale for this expense:**

**Requested start date:** \_\_\_\_\_

**Amount of funding requested:** \_\_\_\_\_

**How often would this amount be needed:** \_\_\_\_\_

