## Application to the DIOCESAN TRUSTEES from The Chairman of Governors for Approval to Capital Expenditure

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| Name of School: |       | Local Authority: |       |
| Address: |       |  |  |
| Post Code: |       |
| Headteacher: |       | Telephone Number: |       |

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| Nature of Work |
|       |
| Condition | [ ]  | Suitability | [ ]  | Sufficiency | [ ]  |  |

|  |  |
| --- | --- |
| Name of Consultant: |       |
| Finance: How is the Project to be funded (Gross Cost)? |
| Estimated Cost of Projectincluding VAT and Fees: | £      |
| DFC | SCA | Other Source (e.g. School Budget, Basic Need)      |
| Y1 £ | Y2 £ | Y1 £ | Y2 £ | Y1 £ | Y2 £ |
|       |       |       |       |       |       |

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| Chairman’s Signature: |       | Date: |       |
| Headteacher’s Signature: |       | Date: |       |

This form is to ensure you have the Trustees’ agreement to proceed. You will receive notification of this within 7 days.

PLEASE RETURN TO: Diocese of Salford at the above address.

### FOR OFFICE USE ONLY Approved by Building Office:

### Received: Approved by Finance Office:

**Responded:**

PROJECT NO:

### COMMENTS