

By the following signatures, we wish to confirm that the Finance Council of _____,
(Parish)
_____, met on the following dates during the ____/____ fiscal year (07/01/ ____ – 06/30/ ____).
(City)

This Parish Finance Council is to meet at least quarterly.

Dates met: _____

As part of our work, we reviewed and discussed monthly parish financial statements, the audit conducted by the diocesan auditor on _____, and we reviewed and approved the budget for the new fiscal year.
(Date)

Parish employees may not serve as members of the Parish Finance Council.

Pastor _____	Name _____
Parish/City _____	Company of Employment _____
Signature _____	Profession/Title _____
	Signature _____

Name _____	Name _____
Company of Employment _____	Company of Employment _____
Profession/Title _____	Profession/Title _____
Signature _____	Signature _____

Name _____	Name _____
Company of Employment _____	Company of Employment _____
Profession/Title _____	Profession/Title _____
Signature _____	Signature _____

Name _____	Name _____
Company of Employment _____	Company of Employment _____
Profession/Title _____	Profession/Title _____
Signature _____	Signature _____

Name _____
Company of Employment _____
Profession/Title _____
Signature _____

Please return completed form by Oct. 01, to:
Joe Ryan
Business Office
Diocese of Fort Wayne-South Bend
P.O. Box 390
Fort Wayne, IN 46801