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| --- | --- |
| Project Name |  |
| Date Raised with Parish Council |  |
| Contact Name  Contact details Address Email Telephone  BAC’s details (for payment) |  |
| Requirement |  |
| Funding Required / Evidence of other Funding available:  Partners (if app):  Location / Resources required:  Projected Costs (start up and ongoing) |  |
| Justification / Benefit What is needed?  Why is it needed?  Who benefits?  Where is this needed?  Who’s responsible for delivering this?  Expected timescales? |  |
| Date required |  |
| Suggested Supplier / Provider |  |
| Council Approval (signed by 2 Parish Councillors', and Responsible Finance Officer) |  |
| Date Approved |  |
| Requisition Number (Official use) |  |