

**Grace United Methodist Church**

205 E Monroe St  
Austin TX 78704  
512.442.5944



**Purchase Request Authorization**

(this form **must** be completed **prior** to any purchase over \$200.00)  
This is an estimate. Actual costs may be lower or higher.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Responsible Committee: \_\_\_\_\_

Project Name (if any): \_\_\_\_\_

<i>Item Description</i>	<i>Vendor</i>	<i>Cost</i>	<i>Date Needed</i>

Estimated Grand Total

<b>Approval</b> <i>(requesting committee chair and finance chair must approve all requests)</i>	
_____ Requesting Committee Chair	_____ Date
_____ Finance Committee Chair	_____ Date