

## County Carryover (Project PR02289) Special Purchase Authorization

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

A. Purchase Description:

B. Justification for Purchase:

C. Estimated Cost of Purchase \_\_\_\_\_

D. Cost Center to be Charged \_\_\_\_\_

E. Does county have carryover budget available to spend? No

*Check One*

F. **Approval Signatures**

Staff Chair \_\_\_\_\_ Date: \_\_\_\_\_

District Director \_\_\_\_\_ Date: \_\_\_\_\_

County Judge \_\_\_\_\_ Date: \_\_\_\_\_

Chief Financial Officer \_\_\_\_\_ Date: \_\_\_\_\_

*Requestor will be notified via e-mail when the approval process is completed.*