

St. John's Proposal/Activity (Form dated 9/20/2009)

Originator _____ Date _____

Objective/Statement of Need/Statement of Work :

Item Description (Material, Labor, Contractor, Service Provider etc.)	Estimated Cost	Source/Vendor
Estimated Total		

3 Vendor Quotes attached, if expense above \$1,000. A no bid is acceptable as a quote.

Assistance Required—Identify Resource(s) _____

Source of Funds Account Name(s) _____

Charge Account(s)/Amounts _____

Date Start Work/Event _____ Estimated Date Complete _____

Coordination: (As Applicable—Reference Approval Levels below)

Rector: _____ Date _____

Building & Grounds Chair... Approved _____ Disapproved _____ Date _____

A & F Committee... Approved _____ Disapproved _____ Date _____

Vestry... Approved _____ Disapproved _____ Date _____

Approval Levels:

Rector and Bldg & Grounds Chair...0--\$1,000; A&F Committee...\$0—\$5,000;

Vestry...Above \$5,000