

VR Request for Purchase Approval to Use Chapter 19 Funds TAC 81.13

Date: ___/___/___ County Name: _____ Voter Registrar's Name: _____

County Fax Number: (____)____-_____

Check one or all that apply to this request:

- Increase the number of registered voters in the State
- Maintain and report an accurate list of the number of registered voters
- Increase the efficiency of the voter registration office through the use of technological equipment

Introduction - PURPOSE FOR THE PURCHASE

Product Name/Number: _____ Anticipated Cost: \$ _____

HOW WILL THE PURCHASE ENHANCE THE VOTER REGISTRATION PROCESS?

Activity/Process - WHAT PERCENTAGE OF TIME WILL THIS PURCHASE BE USED BY THE VR DEPARTMENT? PLEASE PROVIDE AN EXAMPLE AND OUTLINE BELOW

EXAMPLE OF VR USAGE:

WHAT OTHER AREA'S WILL HAVE ACCESS AND USAGE OF THIS PRODUCT OR SERVICE?:

Conclusion - PROVIDE A DETAILED EXPLANATION OF PURCHASE AND WHY IT SHOULD BE CONSIDERED for the use of CHAPTER 19 FUNDS?

Return to Elections Funds Management by :

- FAX: 512-463-7552 (no cover sheet needed)
- E-mail: elections@sos.state.tx.us OR
- Mail: P.O. BOX 12060, Austin, Texas 78711

FOR SOS APPROVAL ONLY

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EFM Manager: _____ / _____ / _____
(Initial) DATE

- Approved
- Disapproved - _____