Emergency Justification Form

Requisition #: <u>REQ1701406</u>   **Date: <u>5/17/2017</u>**   **Amount of Purchase: <u>$200.00</u>**   **EMG: <u>FY16/17-075</u>**

Department: <u>DETENTION CENTER</u>   **Vendor: <u>MARK SERVICES</u>**

This form has been designed to assist all San Miguel County employees in providing information necessary in the processing of an emergency requisition of products and/or services. Please complete and forward to the Finance Department along with your Purchase Requisition.

Departmental Responsibilities:

1. State the reason for the emergency purchase by explaining what the emergency is and/or what caused the 0emergency situation. **<u>Facility ice-machine became inoperable; equipment malfunction is common with these types of equipment, especially when old. Normal wear and tear of the equipment is the cause.</u>**

2. State the financial or operational damage/risk that will occur if needs are not satisfied immediately (do not simply say there will be a loss or some damage): **<u>Ice machine is used when power outages occur in the facility to maintain temperature in the freezer.</u>**

3. State why the needs were not or could not be anticipated so that goods/services could not have been purchased following standard procedures: **<u>Freezer temperatures which are not met can cause food to spoil and must be disposed of.</u>**

4. State the reason and process used for selecting vendor (Attach all quotes/proposals received from other sources, if applicable): **<u>Vendor chosen has been a reliable and dependable source to the facility. He is responsive to our needs and completes the task in a timely manner. His prices have proven to be reasonable in the past.</u>**

I certify that the above statements are true and correct, and that no other material fact or consideration offered or given has influenced this recommendation for an emergency procurement.

Submitted by:

_____   <u>5/17//2017</u>
Elected Official/Department Supervisor   Date

_____   <u>5/19/2017</u>
County Manager   Date

FINANCE DEPARTMENT USE ONLY:
Approved By: _____   Date: <u>5/19/2017</u>   Finance Department