

EMERGENCY JUSTIFICATION FORM

RE: RX NUMBER: _____ COST: \$ _____

VENDOR: _____

Emergency purchases should be made only (1) to preserve life, health or property; (2) upon a natural disaster; (3) to correct or forestall a shutdown to maintain essential public services, or (4) other unforeseeable events.

Please complete this form and forward it to Purchasing Services within 3 working days of the emergency purchase.

Please describe the nature of the emergency and justification for the emergency purchase. Attach any cost comparisons, quotations, or other pertinent information.

Department/Division _____

Department/Division Signature _____ Date: _____

*(Emergencies estimate/totaling over \$35,000 require department/division head approval signature.)

PURCHASING OFFICE USE ONLY:

APPROVED: _____ NOT APPROVED: _____

BUYER: _____ DATE: _____