Emergency Justification Form

Requisition #: <u>DC-5</u>	<u> </u>	Date:	9/12/13	Amount: 368.52
Department: <u>Deten</u>	tion Center \	/endoi	r: <u>Marks Services</u>	EMG: <u>FY1314-007</u>
processing of an emo		produ	cts and/or services. Ple	s in providing information necessary in the ase complete and forward to the Finance
Departmenta	al Responsibilities:		JUEL	Co
	e reason for the emer	gency	purchase by explaining	what the emergency is and/or what caused the
<u>Inoperable t</u>	thermostat control i	n cont	rol room.	
	e financial or operatio ay there will be a loss			if needs are not satisfied immediately (do not
	ecome sick due to ne can also be damage			ours and too hot during the afternoon hours.
	ny the needs were no ed following standard			that goods/services could not have been
If the contro	ol system becomes	overhe	eated it will lead to furt	her damage to equipment.
	e reason and process if applicable):	used	for selecting vendor (Att	ach all quotes/proposals received from other
Mark McAda	ams is a reliable ver	<u>ndor aı</u>	nd he responds rather	immediately whenever he is needed.
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.				
	Toring State of the State of th		1	
Submitted by:				
/s/				
Elected Official/Depa	artment Supervisor			Date
/s/				
County Manager			NEW	Date
FINANCE DEPARTMENT USE ONLY:				
Approved By:	/s/_ Finance Departm	ent		Date:9/19/2013