Emergency Justification Form

| Requisition #: <u>VFD-35</u> | Date: <u>10/2/201</u> | 4 | | Amount: \$ <u>96.03</u> |
|--|--------------------------|--------------------------|----------|---|
| Department: <u>Fire Departmer</u> | nt Vendor: <u>Kennet</u> | h Arringdale | _ | EMG: <u>FY1415-020</u> |
| | equisition of produc | ts and/or services. Plea | | ding information necessary in the plete and forward to the Finance |
| Departmental Respons | sibilities: | THE | | |
| State the reason for emergency situation | | ourchase by explaining v | what the | emergency is and/or what caused the |
| The costs were incur | red as a result of | the fuel card not work | ing. | |
| | or operational dam | | if needs | are not satisfied immediately (do not |
| | l to emergency ca | | | d as invalid and the truck needed fuel County risks liability for no fuel in |
| State why the needs were not or could not be anticipated so that goods/services could not have been purchased following standard procedures: The need was not anticipated as no one knew the card would fail. | | | | |
| if applicable): | | | 13.9 | s/proposals received from other sources, nd. All others are more than fifteen |
| miles round trip. | Series . | | O/IS | MINES TILL |
| I certify that the above statements influenced this recommend | | | materia | I fact or consideration offered or given |
| Submitted by: | | 6 | 1100 | |
| /s/ | | | | 9/30/2014 |
| Elected Official/Department Su | ipervisor | | Date | |
| /s/ | E O | | | 10/1/2014 |
| County Manager | | NEW | Date | |
| FINANCE DEPARTMENT USE ONLY: | | | | |
| Approved By: | /s/ ce Department | | Date: _ | _10/2/2014 |