## **Emergency Justification Form**

Requisitio	n #: <u>REQ17000755</u>	Date: <u>12/7/2016</u>	Amount of Purchase: \$3,00	00.00 EMG: <u>FY16/17-044</u>	
Departmer	nt: DETENTION CEN	NTER Vendo	or: ASSAIGAI ANALYTICAL	<u>LABORATORIES</u>	
orocessing		uisition of products and	ounty employees in providing donctions of the services. Please complete		
De	partmental Responsil	bilities:	IFI		
1.	0emergency situation	on. Signs of mole forn		ergency is and/or what caused the nousing units were discovered. ru exterior wall.	
2.	simply say there will problems to both it	l be a loss or some dan nmates and staff if no	nage): Mold within the housi	not satisfied immediately (do not ng area can lead to severe health amages can also occur to the int expense.	
3.			be anticipated so that goods/s Situation is undetectable. N	ervices could not have been lold growth cannot be foreseen.	
if a	pplicable): Two vend		e facility to assess the situat	posals received from other sources, tion. Quotes were provided	
		nts are true and correct, ation for an emergency		t or consideration offered or given	
Submitted I	by:				
Elected Off	icial/Department Sup	ervisor	<u>12/07/16</u> Date		
County Mai	nager		<u>12/07/16</u> Date		
County Mai	liagoi		Date		

FINANCE DEPARTMENT USE ONLY:

Approved By: \_

Finance Department

Date: <u>12/07/16</u>