Emergency Justification Form

Requisitio	n #: <u>REQ17001054</u>	Date: <u>2/24/2017</u>	Amount of Purchase: \$306.22	EMG: <u>FY16/17-062</u>
Departmer	nt: MAINTENANCE	Vendor: AP	IC SOLUTIONS INC.	
processing		uisition of products ar	County employees in providing inform ad/or services. Please complete and fo	
De	partmental Responsib	vilities:	TELO	
1.	0emergency situation	n. The Administration	ase by explaining what the emergencon Building north door is not unlocollock the door. Access to the build	king after the lunch
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): Interruption in the access to the building, possible fire, life and safety issues may occur.			
3.	State why the needs were not or could not be anticipated so that goods/services could not have been purchased following standard procedures: Emergency issues happen without notice , systems and software malfunction without notice.			
4.	4. State the reason and process used for selecting vendor (Attach all quotes/proposals received from other sources, if applicable): This vendor was selected because they installed the system; they have the access codes needed to repair the system.			
	t the above statement ced this recommenda		t, and that no other material fact or co procurement.	nsideration offered or given
Submitted I	by:	1 / 1/2	11000	20//
Elected Official/Department Supervisor			<u>2/24/2017</u> Date	
County Ma	nager		<u>2/27/2017</u> Date	

FINANCE DEPARTMENT USE ONLY:

Finance Department

Approved By:

Date: 2/27/2017