

EMERGENCY JUSTIFICATION FORM

This questionnaire has been designed to assist departments in providing information necessary in the processing of emergency requisitions for the purchase of products or services. Please complete and forward to the Purchasing Department. If more space is needed, please attach additional page(s).

MUNIS REQUISITION NO.: _____

1. State the reason for the emergency purchase by explaining what the emergency is and what caused the emergency situation:

2. State the facts that lead to the conclusion that injury or damage to property or human life will occur if needs are not satisfied immediately (do not simply say there will be injury or damage to property or human life):

3. State why the needs were not or could not be anticipated so that goods or services could not have been purchased using the Bid Process.

4. State the reason and process used for selecting the vendor (Attach all quotes/proposals received from other sources, if applicable):

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.

Submitted by: _____
Printed/typed Name & Title Department

Authorized Signature Date Phone No.

(OFFICE USE ONLY)	
APPROVED EMERGENCY	
By _____	Date _____
Director of Purchasing	
By _____	Date _____
Town Administrator	