



Date: _____ Vendor: _____

Department: _____ Contact: _____ Phone #: _____

This form must be completed by the requesting College, Department, Office, School, etc., ("Requester") and must include all applicable de,8 (u3)-70.211.2..211.2..-9 (a)owhich (i) an immediate threat to the public health, safety or welfare is involved, or (ii) immediate actions required to pr preserve public properties to prevent substantial economic loss or prevent interruption of operational services.

The Requester for any deemed ~~it~~ caused ~~to~~ emergency situation to arise?

Multiple horizontal lines for text entry.

4 How did it arise?

Four horizontal lines for text entry.

5. Attach copies of ALL written quotes received, as applicable, vendor name, scope, deliverables, estimated start and delivery/completion dates, pricing, and primary point of contact name, phone number and email address.

1. Approve final 'contract' with information as described in above 5.
2. Determine price reasonableness.
3. Issue executed contract and/or approve eVA purchase order.

Department Head (Signature) Date

Harry R. Smithson, Jr. Date
Assistant Director, Procurement Services

Department Head (Printed Name)

Etta Henry, Executive Director Date
Strategic Sourcing and Payment Solutions

Chad A. Reed, Vice President Date
Administration and Finance