

Emergency Justification Form

Requisition #: VFD-28

Date: 7/15/2014

Amount: \$47.93

Department: Fire

Vendor: NM Apparatus

EMG: FY1415-003

This form has been designed to assist all San Miguel County employees in providing information necessary in the processing of an emergency requisition of products and/or services. Please complete and forward to the Finance Department along with your Purchase Requisition.

Departmental Responsibilities:

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

**This purchase is part of the repair work done by NM Apparatus. The items was not shipped on time and was pending delivery. Item is in and has been replaced.**

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):

**The part is required as it is the main circuit connector to keep the unit read for a call. This item connects the unit to a power source to ensure engine is kept at operating temperature to avoid warm up delay and system air recovery.**

3. 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 there but the delivery delay was not anticipated and the vendor did not invoice for an item he had not replaced at the time. (Previous purchase order closed at fiscal year end)**

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

**The vendor was conducting the repairs and had ordered the item but the item did not arrive on time. It was delivered sometime after. The part was needed for the system.**

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:

\_\_\_\_\_/s/\_\_\_\_\_  
Elected Official/Department Supervisor

\_\_\_\_\_7/15/2014\_\_\_\_\_  
Date

\_\_\_\_\_/s/\_\_\_\_\_  
County Manager

\_\_\_\_\_7/15/2014\_\_\_\_\_  
Date

FINANCE DEPARTMENT USE ONLY:

Approved By: \_\_\_\_\_/s/\_\_\_\_\_  
Finance Department

Date: 7/16/2014 \_\_\_\_\_