

Emergency Justification Form

Requisition #: VFD-95 Date: 4/9/2015

Amount: \$63.80

Department: Fire Vendor: A-1Duran's

EMG: FY1415-063

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.

The Class A Pumper had a low tire when they were going to respond to a call the tire was low. After the call they drove it to get check at Garcia's Tire the closest repair place. They discovered a faulty rim which identifies it was a good thing it was taken in and driven to the closest repair place as a rim is compromised when it is faulty. This could lease to a serious accident.

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):

If they had not taken it in for repairs the unit could have collapsed the rim causing the unit to sway and possibly roll.

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 not know as this developed suddenly and the tire was noticed low that day of the incident.

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

The reason was to repair the low tire as soon as possible as the unit is needed as a primary response apparatus. This was an emergency on all counts for response and personnel safety.

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

_____4/9/2015_____
Date

_____/s/_____
County Manager

_____4/13/2015_____
Date

FINANCE DEPARTMENT USE ONLY:

Approved By: _____/s/_____
Finance Department

Date: 4/13/2015 _____