

Emergency Justification Form

Requisition #: VFD-111

Date: 04/01/2016

Amount of Purchase: \$371.32

Department: CONCHAS DAM VFD

Vendor: BOB'S BUDGET PHARMACY

EMG: FY15/16-079

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. **Drugs/Medication expired. Volunteers couldn't wait for approval.**
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): **Administration of expired medication can lead to a serious medical problem.**
3. State why the needs were not or could not be anticipated so that goods/services could not have been purchased following standard procedures: **Volunteers failed to monitor drugs/medication on expiration dates.**
4. State the reason and process used for selecting vendor (Attach all quotes/proposals received from other sources, if applicable): **Bob's Budget Pharmacy is the vendor that works well with the Concha's Dam Medical Director and assists with procedures on drug administration.**

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:

Elected Official/Department Supervisor

04/01/2016
Date

County Manager

04/04/2016
Date

FINANCE DEPARTMENT USE ONLY:

Approved By: _____
Finance Department

Date: 04/12/2016