

Emergency Purchase Request

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|--|----------|--|----------------------|
| Project Title: | | Stimulus (ARRA) Funds? Yes__ No__ | |
| Customer Contact Information | | | |
| Agency/Public University: Address: | | Contact Person: Phone: Fax: Email Address: | |
| MAGIC Customer Number (only required from state agencies) | | Division/Dept: Handmail: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Project Summary | | | |
| Narrative Description of Project | | | |
| ITS Acquisition Approval (CP-1) should be effective through this date: (Please allow time for all vendor invoices to be paid) | | | |
| Cost Estimate or Actual Amount: NOTE: The total purchases made shall only be for the purpose of meeting the needs created by the emergency situation. | | | |
| Discuss Funding (e.g. how much of needed funding is definite; total project budget; any matching or other non state funds; fund number) | | | |
| Acquisition Details | | | |
| Items Requested: | | | |
| Name | Quantity | Description | Building Location(s) |
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| Emergency Purchase | | | |
| ▶ If applicable, attach a certified copy of the appropriate minutes of the agency's board meeting regarding the emergency purchase | | | |
| In compliance with Section 31-7-13 (j) of Mississippi Code, provide the following information as soon as possible following the emergency purchase: | | | |
| Does the situation fall under the definition of an emergency set forth in Section 31-7-1 (f) of the Mississippi Code? | | | |
| What happened to cause the emergency? | | | |
| Does this emergency threaten the health or safety of any person, or the preservation or protection of property? If so, proceed with the emergency purchase and submit this paperwork to ITS after the fact. If not, complete and submit this paperwork to ITS for approval <u>prior to</u> making purchases. | | | |
| What would be the negative consequences of following normal purchasing procedures? | | | |
| Basis for selection of vendor(s) to be used: | | | |
| Vendor's proposal attached: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Remit To | | | |
| Vendor Name: Vendor Address: | | | |

By my signature, I certify that, to the best of my professional knowledge the purchase of the requested products or services is an emergency as outlined in the ITS Procurement Handbook, Rule 207.6:013-060 Procurement Types: Emergency Purchases, and as outlined in Mississippi Code annotated Section 31-7-13 (j). In addition, I acknowledge that there is a charge for ITS procurement services associated with this request which will be billed to the requestor by ITS and that my agency/public university is responsible for these charges/costs.

 Name (Agency Head or Public University President) / Title

 Signature

 Date