

# Report of Emergency Purchase

To be attached to Mayor's Request for Action form along with Payment Request form and forwarded to Purchasing Agent, Room 802.

DATE: May 19, 2015

## EXPLANATION OF EMERGENCY:

1. When did emergency occur?
2. What caused emergency?
3. What was purchased?
4. How would failure to make emergency purchase "vitally affect the life, health, and convenience of the citizens"? How would failure to make emergency purchase "vitally affect the life, health, and convenience of the citizens"?

SIGNATURE OF ORIGINATOR: \_\_\_\_\_

WAS AN ATTEMPT MADE TO OBTAIN CONSENT OF PURCHASING AGENT?  YES  NO  
(Double-click on box to check or uncheck.)

WHAT WAS DONE TO VERIFY THAT THE PRICE PAID WAS REASONABLE?
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\_\_\_\_\_  
SIGNATURE OF DEPARTMENT HEAD\*

\* This signature must be an original signature by the Department Head and cannot be delegated.