

Emergency Justification Form

Requisition #: REQ2200478

Date: 10/20/21

Amount of Purchase: \$796.50

EMG: FY2022047

Department: Ilfeld VFD

Vendor: Hal Burns Truck, RV & Equipment Service Inc.

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 Ilfeld VFD was out on a call 10/9/21 on the 1989 GMC 7000 and the Unit died and would not start so the VFD called Hal Burns Truck, RV Equipment Service LLC and the company was the only one to answer and come out to service the Unit.**
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 Ilfeld VFD was out on a call and the Unit would not start at 4:00am so they called Hal Burns Truck, RV & Equipment Service to service the Unit for safety of a life and property.**
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 Unit died out and would not start and they could not leave the Unit on the side of the road, so they called Hal Burns Truck, to service the Unit, to get it back to the station and to be ready for the next call.**
4. State the reason and process used for selecting vendor (Attach all quotes/proposals received from other sources, if applicable): **Hal Burns Truck, RV & Equipment Service LLC was the only company to respond at the time they were called out to service the Unit.**

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

10/21/21

Date

County Manager

10/21/21

Date

Approved By: _____
Finance Department

FINANCE DEPARTMENT USE ONLY:

Date: 10/21/21

Emergency #: FY 2122-047