



**OFFICE OF THE PURCHASING DIRECTOR  
933 N. ROBBERSON AVE., SPRINGFIELD, MO 65802**

**BOB DIXON**  
PRESIDING COMMISSIONER

**RUSTY MACLACHLAN**  
COMMISSIONER, 1<sup>ST</sup> DISTRICT

**JOHN C. RUSSELL**  
COMMISSIONER, 2<sup>ND</sup> DISTRICT

**REQUEST FOR EMERGENCY PROCUREMENT**

The County Commission may waive the requirement of competitive bids or proposals for supplies when the County Commission has determined that there exists a threat to life, property, public health, or public safety; when immediate expenditure is necessary for repairs to County property in order to protect against further loss of, or damage to, County property; to prevent or minimize serious disruption in County services; or, to ensure the integrity of County records. Emergency procurements shall be made with as much competition as is practicable under the circumstances.

A written determination of the basis for the emergency and for the selection of the particular contractor shall be included in the contract file. As soon as practicable, a record of each emergency procurement shall be made and shall set forth the contractor's name, the amount and type of the contract, and a listing of the item(s) procured under the contract.

**UPON COMPLETION OF THIS FORM, PLEASE SUBMIT COPIES TO BOTH THE  
PURCHASING DEPARTMENT AND THE BUDGET DEPARTMENT**

**Requesting Office or Department** \_\_\_\_\_

**Person Requesting** \_\_\_\_\_

**Date Requested** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

The following is a list of questions that must be answered when making emergency procurement requests.

This is a formal document for submission to the County Commission by the requesting department.

1. Please describe the reason for the request of emergency procurement with respect to the threat to public health, welfare, or safety:

2. Describe the anticipated consequences of not procuring immediately:

3. Describe and attach any quotes received:

4. Is this a one-time purchase? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. If not, detail the anticipated future purchases, with anticipated acquisition dates:

6. Was the expenditure included in your annual budget? \_\_\_\_\_ Yes \_\_\_\_\_ No

7. If not, how are you proposing the request be funded?

a. Savings from account: \_\_\_\_\_

b. Contingency: \_\_\_\_\_

Vendor(s) Name:	_____
Vendor(s) Address:	_____
Vendor(s) Phone:	_____
Product Description:	_____ _____
Estimated Cost:	\$ _____
Account Number:	_____

**Presiding Commissioner Approval:** \_\_\_\_\_ Date: \_\_\_\_\_

**Commissioner, 1<sup>st</sup> District Approval:** \_\_\_\_\_ Date: \_\_\_\_\_

**Commissioner, 2<sup>nd</sup> District Approval:** \_\_\_\_\_ Date: \_\_\_\_\_

**Auditor Approval:** \_\_\_\_\_ Date: \_\_\_\_\_

**Purchasing Department Approval:** \_\_\_\_\_ Date: \_\_\_\_\_

**PURCHASE ORDER / REQUISITION NUMBER:** \_\_\_\_\_ / \_\_\_\_\_  
(Assigned by Purchasing) (Assigned by Requestor)