



EMERGENCY REQUEST FORM

Date of Request: _____

To: Director of Procurement Services

From: _____

Department: _____

Vendor Name: _____

Vendor Contact Name: _____

Telephone: _____

E-mail: _____

Total Cost of Goods / Services: _____

Date Goods / Services are required: _____

BCSD Board Policy DJED states that emergency purchases of supplies or contracted services may be made when the Superintendent or her/his designee determines that an emergency exists that threatens the health, welfare or safety of students, staff members, the district or the public. Such emergency procurements shall be made with as much competition as is practicable under the circumstances. At the regular legislative meeting the next month following an emergency purchase, the Board shall receive a written report of all emergency procurements including the basis for the emergency, the selection process for the provider, the name of the provider, the amount and type of the contract or purchase, and a listing of the goods or services procured under the contract or purchase.

Explain why this purchase request is considered an emergency.

Provide a description of the goods or services being requested.

Describe how the vendor was selected.

My signature acknowledges that I have reviewed this emergency purchase request and I concur that these goods or services should be purchased immediately.

Requested By: _____

Date

Approved: _____

Department Director

Date

Approved: _____

Senior Chief of Staff

Date

Approved: _____

Director of Procurement Services

Date