

REQUEST FOR CONTRACT, EQUIPMENT ACQUISITION, AND TRAVEL BAN EXEMPTION

Request Date: _____ Request Number: _____

Department Org Code: _____ Department Name: _____

Agency Org Code (if applicable): _____ Agency Name (if applicable): _____

Does this request include attachments? Yes No Please indicate the total number of pages: _____

A. Type of Exemption: (choose one)

- Statutorily Required
- Declared Emergency
- Information Technology Contracts
- Purchases of Necessary Items
- Blanket Exemption for non General Funds

B. Reason for exemption(s):

C. Consequence if exemption(s) not granted:

D. Will exemption(s) result in future exemption(s)? YES NO ; if yes, provide explanation:

E. Appropriation:

Item of Appropriation	Amount of Appropriation
- -	\$ _____
- -	\$ _____
- -	\$ _____
TOTAL:	\$ _____ 0

Contact Person: _____ **Telephone Number:** () - , ext. _____
(type or print)

F. Signature:

If approved, I certify that the above requested action has been evaluated and that the needs described above cannot be met in any other manner than by obtaining this exemption.

<p>Department</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>_____</p> <p>Director/Date</p>	<p>Agency</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>_____</p> <p>Agency Secretary/Date</p>	<p>Department of Finance</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>_____</p> <p>Deputy Director or Designee/Date</p>
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