

Webb County Purchase Justification Form

Funding Sources Requested:						
Capital Outlay Fund #To be Determined						
Building Improvement Fund #						
Department: <u>Utilities</u>	Department Head: Adrian G. Montemayor					

Number of Dept. Employees: <u>18</u>

ltem	Qty	Qty on Hand	Condition of item being replaced: Poor/Fair/Good	Unit Price	Extended Price
Repairs on the Ammonia Storage Unit	1	-0-	Poor	\$3,346.00	\$3,346.00
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Total Cost of item(s) being purchased:	\$3,346.00					
Do you have 3 quotes for all items listed above?	Yes No <u>X</u>					
What is the purpose of each item(s) requested? Repairs are necessary to comply with the TCEQ Rules, for the Safety of all Water Plant Operators, and to maintain the all Cylinders in a Safe Contained area.						
Vendor is under the Annual Contract Bid# 2014-43						
If the purchase is to replace item(s) is the item(s) being replaced currently in use?						
Yes X No						
What is the impact or risk potential if we don't purch Operators may get hurt and/or may get Potential viola	• • •					
Please Circle Priority: (Critical) Upgr	rade Desirable					
PRIORITY 1: CRITICAL – Required to prevent a critical reduction in protect valuable property; and/or comply with insurance or code of priority 2: UPGRADE – Required for significant upgrade in service operations. PRIORITY 3: DESIRABLE – Required to introduce desirable , but of small improvements in operating efficiency, economy and/or safet	requirements. vice, operating efficiency, economy and/or safety of current optional new service, program, faculty or staff, or to make					
Required with this form:						
 Price quotes Pictures of item(s) to be replaced 5 copies **** Please note this form must be filled out in its entire	Department Head Signature Date: 7/8/14 ety for purchase to be considered for approval **** LABCHV2ING DELT. MEBB CONNILL					
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