

## 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: 18

Item	Qty	Qty on Hand	Condition of item being replaced: Poor/Fair/Good	Unit Price	Extended Price
Blue White Skid System with parts	1	1	Fair	\$11,568.00	\$11,568.00
M2 Series Pumps 1.7gph	2	0	Fair		
Spare solution Tubes 115V 60hz Tube failure detection system Variable Speed DC motor 200.1 turndown ratio NSF Listed 5 Year Warranty	2	0	Fair		
2 Days On-Site Installation & Start-Up	1	0	Fair	\$2,800.00	\$2,800.00
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Total Cost of Item(s) be	ing purchased:	<u>\$14,3</u>	368.00	
Do you have 3 quotes f	or all items listed	above? Yes	_X No	
What is the purpose of outdated we are now u		-	new Polymer Pumps to replace the	
If the purchase is to rep	place item(s) is th	e item(s) being repla	aced currently in use?	
Yes X No	<b>.</b>			
What is the impact or r we are now using at the	•	•	m(s)? _There is a high risk that thre Syste	<u>:m</u>
Please Circle Priority:	Critical	(Upgrade)	Desirable	
protect valuable property; ar	nd/or comply with ins	surance or code requirem	e, operating efficiency, economy, and/or safety; to nents. rating efficiency, economy and/or safety of curren	•
operations.	•	. •		•
small improvements in opera	•		new service, program, faculty or staff, or to make	
Required with this fo	rm:			
• Price quotes				
<ul><li>Pictures of its</li><li>5 copies</li></ul>	em(s) to be repl	aced		
Сорго				
	·		Department Head Signature	_
			Date:	

\*\*\*\* Please note this form must be filled out in its entirety for purchase to be considered for approval \*\*\*\*