



**Webb County
Purchase Justification Form**

Funding Sources Requested:

 X Capital Outlay Fund #603-0101-8801:

 Building Improvement Fund #604-0101-8103

Department Water Utilities

Department Head: Luis Perez Garcia

Number of Dept. Employees: 18

Item	Qty	Qty on Hand	Condition of item being replaced: Poor/Fair/Good	Unit Price	Extended Price
1. Microsoft Office Professionals Plus 2013-license-1PC-select, select plus-win-Single Language part # 79P-04712	6	6	fair	328.20	1,969.20
2. Microsoft Exchange Server 2013 Standard Cal-License-1 user CAL-select, select Plus-Win-Single Language part # 381-04355	6	6	Fair	51.00	306.00
3. Microsoft Windows server 2012 License-1deviseCAL-select plus single language Part # R18-04301	6	6	Fair	19.00	114.00
4. Microsoft System Center Configuration Manager client MI-License & software assurance-1 operating System environment -select , select plus Win-single Language part # J5A-00172	6	6	Fair	47.10	282.60

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Total Cost of item(s) being purchased: \$ 2,671.80

Do you have 3 quotes for all items listed above? Yes _____ No X

What is the purpose of each item(s) requested? Windows XP is no longer being supported by Microsoft and will need to be replaced as soon as possible. It's going to get to a point where applications will not work and we might have several issue with Internet Activity.

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 purchase item(s)? We might have several issue with Internet Activity.

Please Circle Priority: Critical X Upgrade X Desirable

PRIORITY 1: CRITICAL – Required to prevent a **critical** reduction in service, operating efficiency, economy, and/or safety; to protect valuable property; and/or comply with insurance or code requirements.

PRIORITY 2: UPGRADE – Required for **significant upgrade** in service, operating efficiency, economy and/or safety of current operations.

PRIORITY 3: DESIRABLE – Required to introduce **desirable**, but optional new service, program, faculty or staff, or to make small improvements in operating efficiency, economy and/or safety.

Required with this form:

- Price quotes
- Pictures of item(s) to be replaced
- 5 copies

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[Signature]
Department Head Signature
Date: 7/15/14

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