



**Webb County
Purchase Justification Form**

Funding Sources Requested:

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
Optiplex 9020 small form factor	6	6	poor	1,266.58	7,599.48
16GB, English , USB keyboard black,					
AMD, no wireless, 1TB 3.5 inch serial,					
Windows 7 professional, OptiPleax 9020SFF,					
Dell USB Optical mouse, 8xDvd+RW drive,					
Internal dell business audio speakers, power					
Cord, OS- Windows media, dell back up,					
Microsoft office, dell limited hardware, Dell					
Limited hardware warranty extended service,					
Basic hardware service, Intel vPro					
Technology, dell 24 monitor, resource DVD					
Windows 7 Labels, Dell Digital, dell data					
Protection, enable low power mode,					
Dell Stereo USB Monitor Soundbar AC511	6	6	Poor	28.79	172.74
(318-2885)					

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Total Cost of item(s) being purchased: \$ 10,271.28

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 ****

Total Cost of item(s) being purchased: \$ 7,772.22

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

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If the purchase is to replace item(s) is the item(s) being replaced currently in use?

Yes X No _____

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Department Head Signature

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