



Webb County Purchase Justification Form

Funding Sources Requested:

Capital Outlay Fund #603-0101-8801:

Building Improvement Fund #604-0101-8103

Department MEDICAL EXAMINER

Department Head Dr. Corinne E. Stern

Number of Dept. Employees 5 FT and 1 PT

Item	Qty	Qty on Hand	Condition of item being replaced Poor/Fair/Good	Unit Price	Extended Price
Water Rescue Vest	4	0		\$58.00	\$232.00
2014 Ford Expedition	1	3		\$35,457.00	\$35,457.00
Motorola Radio	1	3		\$6,047.88	\$6,047.88
Snake Proof Boots	4	0		\$216.50	\$866.00
Ramps					

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

Do you have 3 quotes for all items listed above? Yes _____ N X Items are under contract.

What is the purpose of each item(s) requested? 1. Water Rescue Vest will be used for water recovery when a decedent is reported to be found in the Rio Grande River. 2. Ford Expedition is needed to go out on death investigations and for transporting decedents. 3. Radio is needed to be installed in the expedition for use when we are out in the brush or out of cell phone range while investigating deaths. 4. Snake proof boots are needed for protection against snake bites when we are investigating or transporting in ranch areas where snakes might be present.

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

Yes No

What is the impact or risk potential if we don't purchase item(s)? The water rescue vests and snake proof boots are to prevent injury while we are out on high risk cases. We have already contributed over \$4000 on vehicle repairs to the older model vehicles this year. Apart from the financial impact, we also run the risk of being stranded while out investigating cases which will leave us without enough vehicles to respond to cases in a timely manner.

Please Circle Priority: Critical Upgrade Desirable

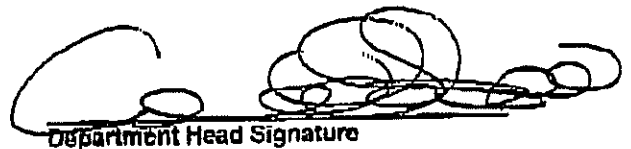
PRIORITY 1: CRITICAL - Required to prevent a critical reduction in service, operating efficiency, economy, and/or safety; to protect valuable property; and/or comply with insurance or code requirements.

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


Department Head Signature

Date: _____

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