

**Emergency Purchase Certification**  
**(Director Declared)**

DEPARTMENT NAME: \_\_\_\_\_

Date: \_\_\_\_\_

IDENTIFY EMERGENCY SITUATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF EMERGENCY: \_\_\_\_\_ TIME: \_\_\_\_\_

VENDOR CONTACTED:

Name: \_\_\_\_\_

Estimate/Quote Received: Check One      Yes      No      if Yes, Amount \$ \_\_\_\_\_

DATE CONTACTED: \_\_\_\_\_ TIME CONTACTED: \_\_\_\_\_

**THE DEPARTMENT DIRECTOR MUST COMPLETE THE FOLLOWING:**

I, \_\_\_\_\_, HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND THAT A TRUE EMERGENCY EXISTS FOR THE FOLLOWING REASONS: \_\_\_\_\_

\_\_\_\_\_. I HAVE/WILL ENTER THE FULL EMERGENCY REQUISITION IN THE AS/400 FMS WITHIN 24 HOURS OF THIS EMERGENCY AS REQUIRED PER SECTION 2-910 OF THE CODE OF ORDINANCES.

\_\_\_\_\_  
SIGNATURE OF DEPARTMENT DIRECTOR

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CAA

DATE: \_\_\_\_\_

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**Departments are responsible for scanning and attaching all necessary documentation, including this form, to the requisition in the AS/400 System (FMS). This form must also be scanned and attached to the Hummingbird route ratifying director declared emergency and subsequent procurement.**