

MONTCLAIR

STATE UNIVERSITY

EMERGENCY PROCUREMENT JUSTIFICATION AND APPROVAL FORM

EMERGENCY PURCHASES ARE NOT PERMITTED EXCEPT WHEN CLEARLY AND THOROUGHLY JUSTIFIED.

Requested By: _____

Department: _____

Prepared By: _____

Date: _____

1. Estimated contract amount: _____
2. Supplier name, address, and contact information: _____

3. Description of requested items or services and their purpose(s): _____

4. Reason(s) for requesting an emergency purchase:
 - ☐ There exists an immediate threat to public health.
 - ☐ There exists an immediate threat to public welfare.
 - ☐ There exists an immediate threat to public critical economy and efficiency.
 - ☐ There exists an immediate threat to public safety.
 - ☐ None of the above applies. (Please attach a detailed explanation and justification for this emergency request)
5. Below, please provide the basis for the determination of this emergency purchase and/or the selection of the particular contractor. Be specific with regard to specifications.

I hereby certify that, to the best of my knowledge, the above justification is accurate and request approval for the procurement of the above requested items or services.

Department Head Signature: _____

Based upon the determination, the proposed procurement action is being procured pursuant to the authority of the Montclair State University Act (P.L. 2017c.178).

THIS SECTION RESERVED FOR PURCHASING DEPARTMENT ONLY

PO NUMBER: _____

EMERGENCY ORDER NUMBER: _____

☐ Approved

☐ Denied Reason for denial: _____

Vice President for Facilities

Date: _____

Vice President for Finance and Treasury

Date: _____

Assistant Vice President of Procurement Services

Date: _____