

## EMERGENCY PURCHASE STATEMENT

Agency/University: \_\_\_\_\_ Division: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Vendor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Purchase Details

Emergency Category (select the appropriate option from the drop-down menu below):

Reason for selection of this particular vendor (attach additional documentation if necessary):

Description of supplies or services to be provided (attach additional documentation if necessary):

Is there an existing State contract available for the required supplies or services?     Yes     No

If Yes is checked above, explain why the existing contract does not meet the need (attach additional documentation if necessary):

Expected Start Date: \_\_\_\_\_ Estimated End Date\*: \_\_\_\_\_

Amount of this expenditure is: \_\_\_\_\_ Actual or Estimated\*: \_\_\_\_\_

\*Estimated end date and cost will be reported later.

Select the type of funding to be used:     Federal Funds     State Appropriated Funds     State Grant Funds     Other

If other, explain: \_\_\_\_\_

### Signatures

I am making this statement and providing it to the CPO Office, the Auditor General, the Procurement Policy Board, and the Commission on Equity and Inclusion, and publishing in the Illinois Procurement Bulletin for Higher Education within 5 calendar days after award of the contract in compliance with the Illinois Procurement Code 30 ILCS 500/. I have authorized the emergency procurement in accordance with the requirements of the Illinois Procurement Code and the applicable administrative rule. I know and understand the contents of this statement and all statements herein are true and correct to the best of my knowledge.

Agency/University  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_