**Health & Safety Justification**

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| **General Information** | Date: |
| Department: | Phone No. |
| Contact Name: | email |

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| **Vendor Information** | Requisition No. |
| Name: | Purchase Order No. |
| Address: | Contract No. |

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| **Description.** Please provide a description of the goods or services required, the duration or frequency of the requirement, and where will the services or goods be delivered. Please also identify the **annual** cost of this good or service. |
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| **Explanation**: Why is this product or service required to protect public health and/or safety? |

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| **Due Diligence.** Describe the due diligence performed that led to the conclusion that this service provider offers the best value to the city. |
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| **Department Recommendation** | |
| Requestor: | Date: |
| Department Director: | Date: |

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| **Chief Procurement Officer’s Approval** | |
| Signature: | Date: |