



MR# _____
Assigned by Purchasing Div.

MODIFICATION (WAIVER) REQUEST

Requesting Department & Division	Contact Name		Telephone #
Department Head Signature	Date	Original RQ #	Estimated Cost
			\$
Is this Procurement State or Federally funded?	YES	NO	

Reason for Modification Request:

*Please complete this form and attach all supporting documents.
Give complete, accurate, detailed explanation of your request. Please be specific.*

Sole Source: The purchase of a commodity or service from the only known single source. *Attach verification.*
Code Provision: [53.50.090 \(c\)](#)

Class 2 Emergency: A circumstance that poses a threat to the health, welfare or safety of the public.
Code Provision: [53.50.090 \(L\)](#)

Rider to Another Contract: A vendor may extend another government agency's bid or contract pricing to CBJ. The proposed purchase must meet CBJ purchasing requirements and must have been competitively bid.
Code Provision: [53.50.090 \(f\)](#) Agency: _____ Contract #: _____

No Substitute: A request for a specific brand name and model number of a particular item to be purchased. The item must be available from more than one supplier.

Other: Clear explanation is required. Code Provision: (if applicable) _____
Explanation:

Approved By:

Carl Uchytel _____
Purchasing Officer Date

City Manager Date

FY	RQ	\$ Amount	PO #	Purchasing Approval

Purchasing Officer Comments:

Expiration Date: _____