

**THIS FORM MUST BE SUBMITTED WITH ALL NON-EMERGENCY PURCHASES  
WHILE THE CITY IS UNDER A SPENDING FREEZE.**

*ALL PURCHASES MUST BE APPROVED BY THE CHIEF ADMINISTRATIVE OFFICER.*

**CONTACT INFORMATION**

Department: \_\_\_\_\_

Finance Contact Name: \_\_\_\_\_

Finance Contact Email: \_\_\_\_\_

Finance Contact Phone: \_\_\_\_\_

**PURCHASE INFORMATION**

Brief Description of Purchase:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain Why this Purchase is Required:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Cost: \_\_\_\_\_

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

BRASS Req # *if known*: \_\_\_\_\_

Funding Source: \_\_\_\_\_

**APPROVAL INFORMATION**

Department Head Name: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_

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

APPROVED    
  DENIED    
  LET'S DISCUSS

Chief Administrative Officer Signature: \_\_\_\_\_

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