

Request for Exemption based on Policy Directive Division of Purchasing (DOP)

E-mail Completed Request Form to: purchasing@adm.idaho.gov

Agency Purchasing Representative (name):	
E-mail/Phone:	
Name of Agency:	
Request for the Purchase of:	
Requested Supplier (vendor name):	
Policy Directive Number:	
Cost Estimate (attach invoice/quote):	

By written policy the Administrator may exempt from the formal sealed procedure or the requirement for competitive acquisition that property for which bidding is impractical, disadvantageous or unreasonable under the circumstances. (IDAPA 38.05.01.42.09)

The above-referenced Policy Directive requires the following additional approvals from the Administrator:

Written approval based on the justification provided below; and/or

A one-time increase in my delegated authority, based on the estimated (or actual) cost

Background and Justification (address the requirements contained in the Policy Directive; attach additional sheets as needed):

Agency Certification: *The information provided above is true and accurate to the best of my knowledge, and supports my request to utilize the above-referenced Policy Directive.*

Agency Representative (signature): _____ Date: _____

THE AUTHORITY GRANTED BY THIS APPROVAL IS LIMITED TO THE AGENCY'S SPECIFIC REQUEST AS DETAILED ABOVE, IS GRANTED TO THE INDIVIDUAL NAMED ABOVE, AND MAY INCLUDE ADDITIONAL CONDITIONS. THIS IS A ONE-TIME AUTHORIZATION.

Approved

Additional conditions apply to this approval

Rejected

DOP Administrator Signature: _____

DOP Administrator Printed Name: _____ Date: _____