



St. Mary's County Public Schools Emergency Purchase Authorization Form

Date: _____

Requisition #: _____

School or Department: _____

Contact: _____

Phone Number: _____

Vendor Name: _____

Cost \$: _____

Materials or Services Purchased:

Nature of the Emergency:

Date & Time: _____

Purchasing Office Contacted (List Date): _____

Threat to terminate essential services:

Threat to public safety, health and welfare:

Briefly explain circumstances:

School Principal or Department Head / Date

Deputy Superintendent / Date

Assistant Super. of Fiscal Services / Date

Procurement Coordinator/ Date