

Short Description of Goods/Services	Total Cost	
Vendor Name	MUNIS#	Req#
Purchasing Officer	Date	
Department	Email	
Name	Phone	

A VENDOR QUOTE MUST BE ATTACHED TO THE WAIVER FOR APPROVAL

Provide a detailed description of the goods/services intended to be purchased:						



	Procurement Exception List									
☐ Emergency Pro	☐ Emergency Procurement									
☐ Unique and sp										
☐ A special adap										
☐ A unique or op	_									
☐ Only one vend	Only one vendor possesses the unique and singularly available ability to meet the Department's requirements									
<u> </u>										
	Provide a detailed explanation as to why the competitive bidding (RFB/RFP) process cannot be used. Also									
provide a detaile	d justification in relation to	the P	rocur	ement	Exce	ption((s) chosen:			
	Claim Type Indemnity	2022	2023	2024	2025	2026				
	(Including Lost Time, Permanent Disability, Retraining Benefits, MSA Files and Litigated) Medical Only Payments	\$1,008	\$1,038 \$165	\$1,069	\$1,101	\$1,145				
	Incident Only	\$30	\$30	\$30	\$30	\$35				
Bid Waiver Approval (For Purchasing Use Only)										
☐ Under \$37,0										
□ \$37,000+ (Personnel & Finance Committee)			Date Approved:							