

## **Bid Waiver Form**

Short Description of Goods/Services		Total Cost		
Vendor Name		MUNIS#	Req#	
Purchasing Officer		Date		
Department Name		Email Phone		
	TE MUST BE ATTACHED T		IVER FOR APPROVAL*	
*A VENDOR QUOTE MUST BE ATTACHED TO THE WAIVER FOR APPROVAL*  Provide a detailed description of the goods/services intended to be purchased:				
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Revised 01/2025

Procurement Exception List				
☐ Emergency Procurement				
☐ Unique and specific technical qualifications are required				
A special adaptation for a special purpose is required				
☐ A unique or opportune buying condition exists				
Only one vendor possesses the unique and singularly available ability to meet the Department's requirements				
Provide a detailed explanation as to why the competitive bidding (RFB/RFP) process cannot be used. Also				
provide a detailed justification in relation to the Procurement Exception(s) chosen:				
Bid Waiver Approval (For Purchasing Use Only)				
☐ Under \$45,000 (Controller)				
□ \$45,000+ (Personnel & Finance Committee)	Date Approved:			