Urgent Procurement Request

OFFICIAL USE ONLY

Urgent Procurement Request

Requester _____ **Phone no.** _____

Date of request _____ **Time of request** _____

Nature of emergency, technical safety requirement (TSR), or operational safety requirement (OSR) that justifies urgent procurement:

For on-site work by subcontractor, provide scope of work. *(Describe the work to be done by the subcontractor in detail. Be specific as to qualifications and safety considerations needed to perform the work)*:

Item(s) to be Purchased	No of Units	Unit Price	Total
		Total Price	

Seller name _____ **Phone no.** _____

Address _____

Contact name _____ **Phone no.** _____

Method of shipment _____

During business hours

For TSR/OSR urgent work, the Facility Manager must sign this form. For urgent work after an emergency, the Laboratory Emergency Director, Recovery Manager, or ES&H Team Leader must sign this form.

Signature: _____ Date_____

☐ Facility Manager (for TSR/OR urgent work) ☐ Laboratory Emergency Director

☐ Recovery Manager ☐ ES&H Team Leader

During off hours

For TSR/OSR urgent work, the Laboratory Emergency Duty Office (LEDO) must sign this form.

Signature _____ Date_____