

Procurement Services

**Specialty Gas and Liquid Contract Exemption Justification**

Date of Request Submission: \_\_\_\_\_

Department: \_\_\_\_\_

Requested Vendor: \_\_\_\_\_

Detailed Justification:

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Printed Name of Requester \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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Phone Number of Requester \_\_\_\_\_ Email Address of Requestor \_\_\_\_\_

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Printed Name of Department Chair \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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Approved                      YES                      NO

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Printed name of Purchasing Director or Gas/Liquid Supervisor \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_