**CITY OF CRYSTAL LAKE**

PURCHASE AUTHORIZATION FORM

Submission of this form is **required** for all procurement requests that do not conform to the City's Purchase Policy requiring three (3) quotes to be secured. Budget funds must be available to cover costs of purchases. Do not use this form if the purchase amount exceeds $24,999. City Council approval is required for all purchases $25,000 and greater.

| **I. GENERAL INFORMATION** | | | |
|---|---|---|---|
| Applicant Name: | | Supplier Name: | |
| Date of Request: | | Amount: | |
| Description of Product or Service: | | Budget Account No: | |
| | | | |

| **II. PURCHASE TYPE** (check the appropriate box) | |
|---|---|
| ☐ Sole Source **(complete sections III and IV)** | |
| ☐ Joint Purchase (attach contract documentation) | |
| ☐ Pass-Through (attach contract documentation) | |
| ☐ Other (Explain) | |

| **III. SOLE SOURCE JUSTIFICATION** (check appropriate boxes) | |
|---|---|
| ☐ Below Market | The commodity or service is being offered at public auction, close-out sale, bankruptcy, etc. |
| ☐ One-of-a Kind | The commodity or service has no competitive product alternatives available on the market and is available only from one supplier. |
| ☐ Compatibility | The commodity or service must match existing brand of equipment for compatibility and is available only from one supplier. |
| ☐ Replacement Part | The commodity is a replacement part for a specific brand of existing equipment, available only from the manufacturer or designated servicing dealer. |
| ☐ Continuity | The commodity or service is needed to maintain operational continuity and is available only from one supplier. |
| ☐ Unique Design | The commodity or service must meet physical design or quality requirements and is available only from one supplier. |
| ☐ Delivery Date | Only one supplier can meet necessary delivery requirements. |
| ☐ Emergency | URGENT NEED for the item or service does not permit soliciting competitive quotes **(complete section V).** |
| ☐ Other (Explain) | |

| **IV. PRICE REASONABLENESS** (check the appropriate box) | |
|---|---|
| ☐ I compared the proposed price to prices I previously paid for the same or similar services. | |
| ☐ I compared the proposed price to current published catalog, price lists, or market prices as documented in the attachments. | |
| ☐ I compared the proposed price to rough yardsticks and did not discover significant inconsistencies that warrant additional inquiry. | |
| ☐ Based on my knowledge of the market, my experience of prior similar proposals, or knowledge imparted by technical experts. | |
| ☐ The price is set by law or regulations. | |
| ☐ Market research reveals that same or similar goods or services are available for a similar price. | |
| ☐ Other (Explain) | |

**V. EMERGENCY PURCHASE AUTHORIZATION** (for purchase requisitions that cannot be routed for approval using the City's financial software)

| | | | |
|---|---|---|---|
| Department Director: | | Date: | |
| Finance Director: | | Date: | |
| City Manager: | | Date: | |