BUREAU OF CONTRACT ADMINISTRATION OFFICE OF WAGE STANDARDS CONTRACT AND EXPENSE REQUEST FORM

DIVISION IDENTIFCATION (Comp	oleted by red	questing division)				
Division:	Division Head:			Signature:		
300: Office of Wage Standards	Kimberly Fitzpatrick					
Section:	Supervisor	Signature:				
Request is for computer related equip (if yes System Section approval is required.)	cessories:	ries: Yes No				
ITEM DESCRIPTION (Completed by	y requesting	division. When possible, a	ttach c	opy of cata	alog page.)	
Item:	Quantity:					
Brand:	Cost per items: \$					
Model#:	Total Cost: \$					
Catalog#:		Replacement Item? Yes No				
	Status of original?					
Delivery Location:	Special Instructions:					
VENDOR INFORMATION (Comple	eted by requ	esting division. Verify all bu	siness	information	n and status)	
Legal Name:	tact Person:					
Dba: Phone		ne Number:				
		se make sure to submit a printout of the BTRC information from: /finance.ci.la.ca.us/LATAXReports/report/FormSearch.cfm				
BTRC Tax Status:	<u>1100.771</u>	manoo.ona.oa.aa, Errii ixii toporta	ΤΟΡΟΙΤΙ	<u>omrodarom.or</u>	<u></u>	
		vendor/customer # exists in FMS, vendor must submit W9 form. If vendor n-profit organization, they must also submit IRS 501c3 exemption form.				
Payment Address:						
SOURCE OF FUNDING (List all propos	sed funding so	ources and basis for use of spe	cial purp	oose funds)		
Fund /Account:		Work Order #:	Ī	Task #:	Sub Task #:	
General Fund /Account -						
JUSTIFICATION (Completed by reques	ting division.	Attach appropriate support doc	cuments	or detailed i	information)	
Explain use/need for the item(s):						
How have we managed in the past without	ut the item(s	3)				

JUSTIFICATION (Completed by requesting division. Attach appropriate support documents or detailed information)									
Benefit in having the item(s)									
Detriment if the item(s) is no	ot funded.								
Revenue: (State the revenu	e impact of fundi	ng or no	ot funding this reques	st)					
Does this request require ordinance changes? Yes No									
If yes, please explain:									
WHEN IS THE ITEM N	FEDED (Comp	loted by	v requesting division						
WITEIN IS THE HEINTIN	, ,	Request in proposed budget							
Date Needed:			Request in proposed staget Request ASAP (proposed for current funds)			ınds)			
If the request is for current y from Council? Yes N	ear funds and th	e mone	ey is not available, is	this urgent	enough to reque	est money			
If yes, explain the urgency:									
APPROVAL SIGNATU (completed by Executive Ma		_	trative Services Divis	ion Chief)					
Assistant Director: Hannah Choi		Agree item(s) is needed? Yes No		Signature:		Date:			
Systems Section Approval: (for computer related equipment or accessories)		Agree item(s) is needed? Yes No		Signature:		Date:			
Administrative Services Div. Chief: (for current funds only)		Are funds available? Yes No		Signature:		Date:			
Bureau Director: (for proposed budget and Council requests)		Yes No		Signature:		Date:			
TRACKING OF PURC	HASF (Complet	ed by A	Administrative Service	es Division)				
Expense Item:	Equipment Item	-	Date Ordered:	<i>'</i>		Requisition#:			
Yes No	Yes No			·					
P.O.# / S.P.P # / AE# / GEF#	Funds Encumb Yes No		Date Received:		Actual Cost: \$				