Print Management Printer Exception Request

Requested by: _______________________________  Department: _______________  VP Area: _____

Date: ______________________________________

Project Name: _______________________________

Vendor being Requested: ___________________________  BC Vendor # ______________

Funding Source: (i.e.: Operating-100, Gran-500, Gift Account -2XX, Agency-9xx, etc. ) _________________

Project Publication Date being requested exception: _________________________________

Reason for Exception request:

☐ Under existing contract which will expire in __________________________  Bid Date:___________.

☐ Part of matching pieces which will expire on _______________________________.

☐ Requires patented process for _________________________________.

☐ Immediate need identified for use while traveling on BC business.

☐ Current contracted vendors do not have same capabilities: Identify specific capability required below:
        _______________________________________________________________

☐ Other: _______________________________________________________________________________

Please provide evidence in support of the information above. Attach pages if necessary.

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Departmental Print Reviewer Approval: _______________________________  Date: ______________

Please Print Name here: _________________________________________________________________

Procurement Services Approval: _______________________________  Date: ______________