

TOWN OF EDGARTOWN

PROCUREMENT DEPARTMENT

WARRANT ARTICLE REQUEST FORM (FOR ALL PURCHASES OVER \$5,000)

PART 1. (FOR ALL PROJECTS OVER \$5,000):

OWNER/DEPARTMENT	:		
PROJECT TITLE:			
PROJECTED COST:	P	ROCUREMENT TYPE:	
		(301	B; 30 § 39M; 149; Exempt)
☐ PURCHASE DESCRIP	TION/SCOPE OF WORK ATT.	ACHED	
☐ PREVAILING WAGE	RATES APPLY (c. 149 & c. 30	39M ONLY)	
EXEMPT FROM PAR	Γ 2		
PLEASE ATTACH.	OJECTS OVER \$20,000): *A		QUOTES <u>REQUIRED</u> ,
#1; Þ	Vendor/Contractor		Date Received
#2: \$			
	Vendor/Contractor		Date Received
IF PURCHASING OFF A	STATEWIDE CONTRACT:		
CONTRACT ORIGIN & N	UMBER (i.e. OSD, FAC77)		
CONTRACT ADMINISTR	ATOR NAME & EMAIL		
ACCOUNTANT NOTE	<u>S:</u>		
ARTICLE #:	DOLLA	R AMOUNT: \$	
PROCUREMENT OFF	ICE APPROVAL:		
		DATE:	