



State of Michigan

1122 PROGRAM PURCHASE AUTHORIZATION FORM – GSA SCHEDULE ITEMS ONLY

- Counter-Drug
- Homeland Security
- Emergency Response

Date _____

Law Enforcement Agency

Agency _____
 Point of Contact: _____ E-Mail _____
 Phone #: _____ Cell #: _____ Fax#: _____

Ship to

Law Enforcement Agency: _____
 Address: _____
 City: _____ Zip: _____
 Point of Contact: _____

Justification for purchase: Provide a narrative of how the requested equipment will support your counter-drug, homeland security and/or emergency response mission. Be descriptive:

Selected Vendor

Company Name: _____ GSA Contract #: GS- _____
 Point of Contact: _____
 Phone: _____ Fax: _____

| Item # | Item Description | Qty | Purchase Price | Retail Price | Savings |
|--------|------------------|-----|----------------|--------------|---------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Order Total _____

Purchase Authorized by:
Title:
Head of Local Agency/Chief Executive Official
Signature:
 Please e-mail this form to Genevieve Hayes at:
hayesg2@michigan.gov

SPOC Approval Yes No

Terms and Conditions-

- Understanding that DTMB staff does not endorse or recommend any specific vendor, product, or service. The agency will deal directly with the vendor regarding payment and product or service issues. Undersigned agency affirms that it has the funds to pay for their order.
- Agreement that the undersigned agency representative, who has the authority to do so, holds the State of Michigan harmless in the event of any lawsuit or claim arising because of the acquisition or use of products or services provided under this program.
- The State has not determined or can guarantee that use of the 1122 Program will satisfy any local purchasing ordinances or policies.