

Spend Control Committee Justification

WCM Requestor:

Request Date:

Vendor Name:

1. Description of item or service being purchased. Include info on level of urgency and criticality.

2. Are items / services in this request required by safety and / or legal standards?

If 'Yes' please explain:

3. Are items / services in this request required to sustain current levels of care, education, or research advancement?

If 'Yes' ... please explain:

4. Are items / services in this request required as a response to a previous emergency?

If 'Yes' ... please explain:

5. Are items / services in this request required to overcome lead time constraints (e.g., to maintain inventory)?

If 'Yes' ... please explain:

Manager or Director Signature: