



# CITY OF COSTA MESA, CALIFORNIA Purchase Requisition

Purchase Order  
Number  
(Assigned by Purchasing)

(Leave Blank for Time Stamp)

Business Unit: <u>CITY</u>	Date Requisitioned: <u>11/17/08</u>	<input checked="" type="checkbox"/> Request is for Budgeted item(s)
Department: <u>Admin Svs</u>	Division: <u>MIS</u>	<input type="checkbox"/> Request is for <b>UNBUDGETED</b> item(s)-(Memo Attached)
Ship To Address: <u>011</u>		<input type="checkbox"/> Item(s) Pending Budget Amendment Request # _____
Contact Person: <u>Rick</u>	Phone Number: <u>5154</u>	<input type="checkbox"/> Requesting Sole Source (Justification Form Attached)
Send Copy of P.O. to: <input type="checkbox"/> Contact Person and / or <u>Victoria</u>		<input type="checkbox"/> Fixed Asset Tag Request

Item No.	Qty	Unit	Items (Give Full Description: Size, Catalog No. Etc.)	Unit Price	Estimated Amount
1	1	LT	Maintenance And Support For CAD And Records Management		\$129,366.00

*If additional lines are needed, please attach a second sheet*

Const./Prof. Svs. Agmt. Completion Date: _____	Sales Tax (7.75%):	\$0.00
	Include Shipping Fee:	
Insurance Required: <input checked="" type="checkbox"/> Yes (Certificate attached) <input type="checkbox"/> No	<b>Estimated Total Cost †</b>	<b>\$129,366.00</b>

Item #	Account	Fund	Dept./Org.	Program	Project	Amount
1	525700	101	14600	50710		\$129,366.00

*Comments:*

Maintenance and Support for CAD and Records Management and for PremierMDC Application from January 1 to December 31, 2009. Please refer to the attached Schedule One, Support Plan Options and Pricing Worksheet, Maintenance and Support Agreement No. 002024-000 (see Year 1).	Total †	\$129,366.00
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Proper approvals are required before requisition can be processed.

Suggested Vendor: MOTOROLA

Address: 9980 Carroll Canyon

City, State, Zip Code: San Diego, CA 92131

Phone: 714-238-2057 Fax: 714-237-0050

Vendor's Contact Person: TANYA MANSELL

Ordered By: \_\_\_\_\_  
Department Director/Authorized Signature

Approved By: \_\_\_\_\_  
Director of Finance/Purchasing Officer

Approved By: \_\_\_\_\_  
City Manager (when required)

**PURCHASING DIVISION USE ONLY**

Vendor ID:	Buyer:	Insurance valid thru _____
Ship To/Location:	Due Date:	
Standard Comments: ACC – ALL – ARR – BLA – CON – DCP – DIS – FCA – FCI - FIX – INS – IS – IST – ORG –QTR – REM – SUB – T&C		

**FINANCE DEPARTMENT USE ONLY**

Available Appropriation: <input type="checkbox"/> Yes <input type="checkbox"/> No	As of:	Confirmed By:
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