



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>5/20/11</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 UNBUDGETED item(s)-(Memo Attached) |
| Ship To Address: _____ | | <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 | Gis Assistance And Contract Support On An "As Needed" Basis (Includes Geoprise Software) | \$110,475.00 | \$110,475.00 |
| | | | | | |
| | | | | | |
| | | | | | |

If additional lines are needed, please attach a second sheet

Const./Prof. Svs. Agmt. Completion Date: _____

Insurance Required: Yes (Certificate attached) No

Sales Tax (8.75%): _____

Include Shipping Fee: _____

Estimated Total Cost † \$110,475.00

| Item # | Account | Fund | Dept./Org. | Program | Project | Amount |
|--------|---------|------|------------|---------|---------|--------------|
| 1 | 525702 | 101 | 14600 | 50710 | | \$110,475.00 |
| | | | | | | |
| | | | | | | |

Comments: Total † \$110,475.00

Period of Coverage: 7/1/11 to 6/31/12. Amount not to exceed \$110,475.00. Certificate of Insurance good until 8/31/11. Vendor's Standard Rate Schedule for 2011 attached.

Proper approvals are required before requisition can be processed.

Suggested Vendor: A.C.T. GIS INC.

Address: 19000 Grovewood Drive

City, State, Zip Code: Corona, CA 92881

Phone: 951-313-3896 Fax: 951-848-9160

Vendor's Contact Person: Kyler Diershaw

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: |