## NEW FURNITURE PURCHASE FORM (30 ILCS 605/7a; 44 Ill. Adm. Code 1.2043c1)

## This form must be filed with the CMS Equipment Control Division prior to:

- (a) submitting a requisition requesting that CMS let a bid for new furniture;
- (b) issuing a release order against a master or open-end contract;
- (c) making a purchase under delegated authority, or
- (d) making a purchase from Correctional Industries.

The undersigned swears or affirms that:

| 1. the named agency has a need for the new furniture shown below, each item having an estimated new cost of at least \$500, |   |                       |      |         |  |
|---|---|-----------------------|------|---------|--|
| 2.  | CMS Equipment Control Division representative   | 2                     |      | (name), |  |
| ۷.  | 1 1   |                       |      |         |  |
|   | was contacted on(date) regarding the availability of surplus furniture to                 |                       |      |         |  |
|   | meet the needs of the agency,   |                       |      |         |  |
| 2   |   |                       |      |         |  |
| 3.  |   |                       |      |         |  |
|   | property was either "not available" (check NA below), or was available but "unacceptable" |                       |      |         |  |
|   | (check "UA" below and explain).   |                       |      |         |  |
|   |   |                       |      |         |  |
|   | DESCRIPTION OF NEW FURNITURE  | QUANTITY COST         |      |         |  |
|   | e item or multiple same items per line)   | ******                | UNIT | TOTAL   |  |
| 1.  |   |                       |      |         |  |
| Reasons: NA() UA()  |   |                       |      |         |  |
|   |   |                       |      |         |  |
|   |   |                       |      |         |  |
| 2.  |   |                       |      |         |  |
| Reasons: NA() UA()  |   |                       |      |         |  |
|   |   |                       |      |         |  |
|   |   |                       |      |         |  |
| 3.  |   |                       |      |         |  |
| Reasons: NA() UA()  |   |                       |      |         |  |
|   |   |                       |      |         |  |
|   |   |                       |      |         |  |
| Use   | e additional forms as necessary   |                       |      |         |  |
| 05.   | audinomi forms as notessary   |                       |      |         |  |
| Ασι   | Agency Name Subscribed and Sworn to before me   |                       |      |         |  |
| Agency Representative (print & sign)  |   | this day of           |      |         |  |
| 11g   | ency Representative (print & sign)  | uns ua                | y 01 |         |  |
|   |   |                       |      |         |  |
|   | Notary Public   |                       |      |         |  |
|   |   |                       |      |         |  |
|   |   | My commission expires |      |         |  |
| Title   |   |                       |      |         |  |
| 111   | le  |                       |      |         |  |
| Б   | (-  |                       |      |         |  |
| Date  |   |                       |      |         |  |
|   |   |                       |      |         |  |

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