G DD@#G9FJ=79DFC7I F9A9EH OFA		
· · <b>7</b> \" \$6	<b>\</b> 7\'%-`	<b>□</b> 7<" \$Ϋ -a
		pproval of all purchases of supplies or services with an
aggregate cost of more than \$4999. Procurements over \$4999 will also require a signed contract authorized by either the Board of Selectmen or School Committee.		
Department:	Date:	Department Head: SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
		: ]bUbWY8]fYMdf (signature)
Detailed Description of Items/Service being purchased (attach additional sheet if necessary):		
		\$ \$**
Recommended Quote or Bid	l	
Date Quote Received:		Quote:
Company Name:		Written D Verbal D
Address:		
Quote Issued By:		Tel.: FAX:
Special Conditions/Notes:		
Second Quote or Bid		
Date Quote Received:		Quote:
Company Name:		Written D Verbal
Address:		
Quote Issued By:		Tel.: FAX:
Special Conditions/Notes:		
1		
Third Quote or Bid		0
Date Quote Received: Company Name:		Quote: Written D Verbal D
Address:		
Quote Issued By: Special Conditions/Notes:		Tel.: FAX:
opecial conditions, roles.		
7\]YZDfc\MfYa YbhCZZJ\Vf 5Mjcb		
Approved:		Date:
Comments:		
Please attach special conditions, notes, specifications or related documentation to this form.		
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