CITY OF KEY WEST

SPECIAL AUTHORIZATION REQUEST

FROM: _____

DEPARTMENT: _____

TO: _____

DATE: _____

SUBJECT: **{ } Emergency PO – After 8/1/2013**

Due to: **Reason**_____

_____

_____

_____

Item: _____

_____

Requisition: _____ **Cost:**_____

Vendor _____

AUTHORIZATION:

DEPARTMENT _____**DATE:**_____

FINANCE _____**DATE:**_____

CITY MANAGER_____**DATE:**_____