

SUPPLEMENTAL APPROVAL FORM FOR ITEMS OVER \$25,000

Department: **Information Technology**

Date: **3/31/09**

Authorized Requestor: **Joanne Buenger**

Telephone: **(925) 313-1202**

Authorized Requestor Signature: \_\_\_\_\_

Item:

1. Single Item

Integrated System

2. How does this purchase meet the Departments operational needs?  
**Proprietary Software; required by manufacturer to continue use.**

3. Estimated cost of equipment: **\$233,355.94**

4. Funding Source: **Budgeted for 2009-2010. Charged out to user departments on a per license basis.**

5. County Administrator Approval

Signature: \_\_\_\_\_

Date: \_\_\_\_\_