

OPERATING REQUEST

Controlling Board No. _____

GENERAL INFORMATION

Agency Name	Controlling Board Authorization Requested	Bill No.
	<input type="radio"/> Waiver of Competitive Selection (Revised Code Section 127.16B) <input type="radio"/> Other Statutory Authority/Bill Section: _____	

WAIVER INFORMATION

Complete this section ONLY if a WAIVER OF COMPETITIVE SELECTION is being requested. If requesting a waiver for more than one vendors, use VENDOR CONTINUATION FORM and leave this section blank.

Vendor Name		Vendor Address of Principal Place of Business		
Vendor ID Number	Waiver Amount	City	State	County (Ohio Only)
	FY ()			
	FY ()			

FUNDING INFORMATION

Fund Group	Fund Code	Appropriation Line Item	Appropriation Line Item Name	Amount Requested for Approval/Waiver	
		-		FY ()	FY ()
		-		FY ()	FY ()
		-		FY ()	FY ()

SIGNATURES

Agency Director or Authorized Agent

On The Date Of _____

Date

Controlling Board President

AGENCY CONTACT

Name		Title
Phone ()	Fax ()	E-Mail

REQUIRED EXPLANATION OF REQUEST