Denton Municipal Electric
Commodity/Supplier Approval Request Form
For Warehouse Stock Items

DME requires new products and/or suppliers be pre-approved before bids may be accepted. To begin the process, please fill out the attached form and submit to:
City of Denton Purchasing Office, Attn: Laura Hermosillo, 901 B Texas Street, Denton, TX 76209
  ● Ph: 940.349.8438  ● Fax: 940.349.7338  ● laura.hermosillo@cityofdenton.com

Product: _____________________________________________________________________________
Manufacturer:  __________________________ Part #: ________________________________________
(Attach additional documentation if necessary)

☐ Cut Sheets/Product information sheets attached

Samples:  ☐ Provided to: ____________________________________________
  ☐ Available Upon Request
  ☐ Viewable at: ____________________________________________________
    Contact Name  __________________________
    Contact Phone  __________________________

List three (3) Electric Utilities of similar size, utilizing product with contact name and phone.
(Note: Texas utilities preferred)

<table>
<thead>
<tr>
<th>Utility Name:</th>
<th>Contact Name:</th>
<th>Contact Phone:</th>
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<tbody>
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Requesting Vendor: _________________________________________________________________
Representative Name: ________________________________ Phone: ________________________
Fax: ____________________________ Email: ______________________________________________
Currently Doing Business with the City of Denton/DME?  YES  NO
If NO, please attach company data, references, officer information, and financial information.
  Dunn and Bradstreet #: ____________________________________________________________
Comments on product benefits/uses:
______________________________________________________________________________
______________________________________________________________________________

Manufacturer Representative: __________________________ Phone: __________________________
Email: ________________________________________________
Factory Location: ________________________________ On-Site inspection available: YES  NO
Current Inventory Stock Number(s) related: ________________________________

**Vendor Site Visit Performed:**  [ ] Yes  [ ] No
Date: ______________  Attendee(s): __________________________________________

*Note: Each attendee shall note comments and attach to this form*
Comments: ________________________________________________________________
__________________________________________________________________________
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**Field Testing Performed:**  [ ] Yes  [ ] Not Applicable (site visit may be required)
Where: ______________________________  Date(s): ______________
Crew Leader: ________________________
Comments: ________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
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**[ ] Engineering Review/Analysis:**  [ ] Approved  [ ] Rejected
Comments: (required if rejected) ____________________________________________
__________________________________________________________________________
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**[ ] DME Operations Division Manager Review:**  [ ] Approved  [ ] Rejected
Comments: (required if rejected) ____________________________________________
__________________________________________________________________________
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**[ ] QAG Review- Meeting Date:** ______________  [ ] Approved  [ ] Rejected
Comments: (required if rejected) ____________________________________________
__________________________________________________________________________
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Warehouse Item Master Updated by: __________________________  Date: ______________

8/25/2008