

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

Date Submitted:	_____
To Engineering:	_____
Site Visit:	_____
QAG Review	_____
To Field Testing:	_____
To Manager:	_____
Returned to Prch:	_____
Vendor Contacted:	_____

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)**

Utility Name:                      Contact Name:                      Contact Phone:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

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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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Manufacturer Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Factory Location: \_\_\_\_\_ On-Site inspection available: YES      NO

**INTERNAL USE ONLY**

(2 of 3 asterisked reviews required for approval/rejection)

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name Signature Date

**Field Testing Performed:**  Yes  Not Applicable (site visit may be required)

Where: \_\_\_\_\_ Date(s): \_\_\_\_\_

Crew Leader: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name Signature Date

**\*Engineering Review/Analysis:**  Approved  Rejected

Comments: (required if rejected) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name Signature Date

**\*DME Operations Division Manager Review:**  Approved  Rejected

Comments: (required if rejected) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name Signature Date

**\*QAG Review- Meeting Date:** \_\_\_\_\_  Approved  Rejected

Comments: (required if rejected) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Warehouse Item Master Updated by: \_\_\_\_\_ Date: \_\_\_\_\_