

**OPERATING REQUEST**

Controlling Board No. \_\_\_\_\_

**GENERAL INFORMATION**

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

On The Date Of \_\_\_\_\_

\_\_\_\_\_ Agency Director or Authorized Agent

\_\_\_\_\_ Date

\_\_\_\_\_ Controlling Board President

**AGENCY CONTACT**

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

**REQUIRED EXPLANATION OF REQUEST**