STATE OF OHIO
CONTROLLING BOARD
30 East Broad Street, 34th Floor
Columbus, Ohio 43266-0411
(614)644-6441 FAX: (614)466-381 3

OPERATING REQUEST

Controlling Board No.

GENERAL INFORMATION

Agency Name	Controlling Board Authorization Requested	Bill No.
	○ Waiver of Competitive Selection (Revised Code Section 127.1 6e) ○ 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 ID Number	Waiver Amount	Vendor Address of Principal Place of Business	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