

CITY OF CARLSBAD

**AGENDA BRIEFING MEMORANDUM
PURCHASING RECOMMENDATION**

Council Meeting Date:

Department:	BY:	Date:
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SUBJECT:
Description:

SYNOPSIS:	Qty	Total Est. Cost	Total Actual Cost
Budgeted		Est. City Share	Actual City Share
Account #			
Account #			
Account #			
Account #			
		TOTAL	

BACKGROUND, JUSTIFICATION AND IMPACT: (Safety and Welfare/Financial/Personnel/Infrastructure/etc.)

Requested action to be taken by Council:	Council Action Taken:	Date:
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Reviewed by City Administrator:

POST BID/RFP RECOMMENDATION	Council Meeting Date:
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Requested action to be taken by Council:	Council Action Taken:	Date:
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ADDITIONAL INFORMATION:

Reviewed by City Administrator:

ATTACHMENT(S): Specifications Bid/RFP Summary Other: