

IPI Waiver Request Form

Sales Office & Showroom: 1445 E Grand Ave, Des Moines, IA 50316 P: 800-670-4537 | F: 515-725-8714 | www.iaprisonind.com

See page 2 for information on the Waiver Request process and instructions on submitting this Waiver Request.

			Woodward Resource Center			Today's Date: 3/2/2022				
Address:	1251 334th		Date	to Complete P	roject:	As soon as	possible			
		Woodward,	IA 50276							
Contrat	D	In a dealer Paris								
Contact		Jessica Fre								
		515-438-31			State Agen	cy Dir	ector's Signa	ture		
		515-438-31:								
	Email:	jtrey@dhs	s.state.ia.us							
Explanatio	n of Wa	iver Reque	est:							
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WOODWARD EXPENDITURE REQUEST W.E.R.

Date	3/01/2022	
Department	Plant Operations	Ī
Delivery site	Birches	

Business Office Only				
PO Number				
Purchaser				

Qty	Unit Meas	Item Description	Item # (if known)	Unit Price (if known)	Total (if known)
84	EA	PLEATED AIR FILTER 12X24X2	6B975	5.14 ca	
160	EA	PLEATED AIR FILTER 24X24X2	6B924	4.03 ca	
108	EA	PLEATED AIR FILTER 16X25X2	6B950	5.19 ca	111
160	EA	PLEATED AIR FILTER 20X25X1	68931	5. Welea	
12	EA	PLEATED AIR FILTER 20X20X1	6B938	5.21/ea	
48	EA	PLEATED AIR FILTER 16X20X2	6B956	4.95 CA	
24	EA	PLEATED AIR FILTER 20X20X2	6B937	5.03 ca	
24	EA	PLEATED AIR FILTER 20X25X2	6B930	5.20 ca	
	l			Order Total	

Vendor:GRAING	ER		10 (15) - Hill	_
1	ot and who this is for): HU AND FURNACE FILTER EXC	CHANGE		
Requestor:W	IL SHAW	Supervisor's Signature:		

Return properly completed WER forms to the Purchasing Division of the Business Office. FAX to x 134 or Email to WRCPurchasing@dhs.state.ia.us