Unauthorized Purchase Approval Form

Date: ______________________

To: ______________________

From: ______________________

Subject: Unauthorized Purchase Notification

Our records indicate that your department made a purchase that violates the University’s procurement policies and procedures. The attached requisition cannot be processed until you provide a business justification for not following the established procurement process. In the space indicated below, provide the explanation for this violation, have it signed off by your area Vice President, Dean, or School of Medicine Chair, and return this form to the person indicated above.

Reason for Violation:

________________________________________________

Signature ______________________ Date ______________________

Supervisor Signature ______________________ Date ______________________

V.P., Dean, or School of Medicine Chair Signature ______________________ Date ______________________

Revised 060817 JJ