



UNAUTHORIZED PURCHASE FORM

Name: _____ DATE: _____

Requisition Number: _____

Vendor: _____ Amount of Purchase: _____

ITEM(S) Purchased: _____

ALL purchases that require a requisition and PO must be approved in advance of receiving goods and/or services.

In the space below, please provide your explanation for ordering and receiving goods and/or services in advance of obtaining an approved PO:

Purchaser Signature _____ Print Name _____

Administrative action taken by Director/Principal to ensure policy is followed going forward:

Director/Principal Signature _____ Print Name _____

RETURN THIS FORM TO PURCHASING. If Purchasing does not approve this request, you may be held personally liable for this expense.

Purchasing Review: _____ Approved _____ Not Approved