



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