



UNAUTHORIZED PURCHASE APPROVAL FORM

Date:

Name of Requester:

Amount:

Date of Invoice/Authorization:

Vendor/Supplier Name:

Name of Product or Service:

Description of the product or service requested:

Authorized By: (Individual Authorizing Work):

Full Name:

Signature:

Reason for authorizing work without a PO:

Steps that will be taken to ensure the PO will be issued in advance moving forward:

APPROVAL

(The requisition should be reviewed and approved by the authorizing employee's supervisor and VP/Dean if required)
If Purchase is less than \$25k VP/Dean approval is **not** required **UNLESS specified by purchasing.** **** Please note that purchasing reserves the right to reject the issuance of a PO if it does not comply with state purchasing rules****

Supervisor

Signature

Date

VP/Dean

Signature

Date