

Unauthorized Purchase Approval Request

www.csudh.edu/procurement-contracts/

Purchases for goods or services without written delegated authority or without an authorized purchase order/contract in place is considered to be an "unauthorized purchase." Submission of this request does not guarantee approval of payment. Until notification that approval is granted, the unauthorized purchase is not considered an obligation of the University and may lead to personal liability.

| TYPE OF PAYMENT (must submit one form per invoice, |): Vendor Payment | Employee Reimbursement | | | |
|---|-------------------------|------------------------|--|--|--|
| DEPARTMENT AND PAYEE INFORMATION Requestor Name: | _Department: | Division: | | | |
| Requestor Email: | Requestor Phone No.: | | | | |
| Payee Name: | Month/Year of Purchase: | Total Amount: \$ | | | |
| Payee Address: | City: | Zip: | | | |
| Requested Item(s)/Service: | | | | | |
| CHARTFIELD: Account: Fund: | _ Dept ID: Program: | Class: Project: | | | |

JUSTIFICATION (must complete all three questions below)

The following justification information is required before payment will be considered. Attach proof (packing slip, freight bill or invoice) of delivery or services performed. Attach other necessary supporting documentation, including but not limited to vendor form (*if new vendor*), hospitality approval (*if applicable*), and Independent Contractor form (*if applicable*).

- 1. What is the reason the Procurement policy was not followed:
- 2. Provide the detailed facts explaining this situation and why the standard purchasing procedures were not followed:

3. What steps have been or will be taken to avoid another unauthorized purchase in the same or similar situation?

ACKNOWLEDGMENT AND AUTHORIZATION

By signing below, I, the Requestor, agree to follow the University's procurement processes and acknowledge that this document will be kept on file for review and tracking.

| Requestor: | | | | | |
|-------------------|-------------------|-----------|------|---------------|------|
| | Signature | Nam | e E | Email Address | Date |
| ARM: | | | | | |
| | Signature | Nam | e E | Email Address | Date |
| Administra | tor: | | | | |
| (AVP or VP) | Signature | Nam | e E | Email Address | Date |
| Procureme | nt and Contracts: | | | | |
| | | Signature | Name | | Date |

Please submit to Procurement and Contracts Department at procurement@csudh.edu.