



UNAUTHORIZED PURCHASE FORM

INSTRUCTIONS: To request reimbursement or payment for an UNAUTHORIZED PURCHASE, complete Sections I, II, III and IV. Submit the completed form and supporting documents to the Office of Procurement Contracting (MD-9110). See the Division of [Legal Affairs Contract Review and Approval Process](#), [KSU's Competitive Solicitation Policy](#) and the [Procurement Department's website](#) for additional information about KSU's purchasing requirements.

SECTION I: PURCHASER INFORMATION

Purchaser Name (printed):	Title:	Department:	
Supervisor Name (printed):	Title:	Supervisor Signature:	Approval Date:

* This form must be signed by the supervisor of the person who made the unauthorized purchase. *

SECTION II: GOODS/SERVICES INFORMATION

Purchase Date:	Cost of goods/services purchased:		
Name and address of vendor/supplier that provided the goods/services:	Goods/Services (without tax):	\$	
	+ Shipping/Handling (if any):	\$	
	+ Sales Tax (if any):	\$	
Description of goods/services purchased (include Manufacturer name and Model No. if applicable):	TOTAL COST:		\$
	* Attach copies of receipts or other documentation. *		

SECTION III: JUSTIFICATION

Describe the circumstances that resulted in this unauthorized purchase being made and explain why KSU's procurement procedures were not followed:

Describe the actions taken by your department to ensure that authorized procedures will be followed in the future:

Provide supportable evidence that due diligence has been performed in an objective market analysis and proof of fair and reasonable pricing. This may be from: comparable item(s); price based on prior competition (in which case attach a copy of previous purchase order); comparison to a substantially similar item (provide price of the base item, by a catalog and state the cost of additional features); website research; a spreadsheet comparison of competition; proof of sales to others at similar prices, etc.

SECTION IV: REQUESTED PAYMENT INFORMATION

Payee Name and Address (printed):	Total Amount Requested: \$
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* Once Sections I, II, III and IV are completed, submit to the Office of Procurement and Contracting (MD-9110) for review. *

SECTION V: PROCUREMENT DEPARTMENT RECOMMENDATION

Procurement and Contracting Department Comments: Logged

Name:	Date:	Recommendation: <input type="checkbox"/> Approve all <input type="checkbox"/> Deny all <input type="checkbox"/> Approve <u>only</u> this amount: \$ _____
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SECTION VI: APPROVAL BY CHIEF BUSINESS OFFICER (VP FOR OPERATIONS) OR DESIGNEE

TOTAL AMOUNT APPROVED	PRINT NAME	SIGNATURE	DATE
\$			

* After VP Office action, please return to the Office of Procurement and Contracting (MD-9110). *