

## **AFTER-THE-FACT JUSTIFICATION**

<b>Vendor name:</b>
<b>Vendor address:</b>
<b>Vendor Phone:</b>
<b>Amount due:</b>
<b>Invoice #:</b>
<b>Invoice date:</b>

*Please answer the following questions to show how this purchase occurred outside of normal procurement processes.*

- 1. Explain why the standard purchasing procedure was not followed.**
  
  
  
- 2. Explain in detail what constitutes this purchase as an emergency purchase.**
  
  
  
- 3. What steps have been taken to avoid a similar situation?**
  
  
  
- 4. Would you like additional training? \_\_\_\_\_**

*If "yes" purchasing will schedule an appointment with you at the earliest convenience.*

*Please attach proof of delivery or services performed. This may be in the form of a packing slip, freight bill and/or invoice. Send this form with attached documentation including check request form, invoice & approval signatures below to Procurement.*

<b>Signatures/Approvals</b>	<b><u>Print Name</u></b>	<b><u>Signature</u></b>	<b><u>Date Approved</u></b>
*IT/OPC Mgr (if required)			
Chair/Dept. Budget			
Dean/Director			
Division VP/Designee			
President (if required)			

*\* If the purchase was IT or Construction/Building Maintenance related please obtain appropriate signatures from those areas.*

### **Procurement Manager or Director Review & Approval**

<b><u>Printed Name</u></b>	<b><u>Signature</u></b>	<b><u>Date Approved</u></b>