



Non-Compliant Purchasing Request

Employee completing request: _____
Employee responsible for purchase: _____
Requesting Department(s): _____
Fund/Org: _____
Requisition, Encumbrance, or PO #: _____
Vendor Name: _____
Purchase Total: _____

Which Purchasing Policy was not followed:

Why was the Purchasing Policy not followed?

What efforts/changes are being made to ensure the policy will be followed in the future?

Signature of Employee Responsible for Purchase

Date

Signature of Dean/Director

Date

Signature of Director of Purchasing

Date

Signature of Chief Financial Officer

Date

Buyer Review: _____