



INSTRUCTIONS FOR JUSTIFICATION FORM

1. Form to be used along with Departmental Purchase Requisition. It is used for the purchase of products/services that need to be processed on an emergency basis.
2. Indicate the reason for the emergency purchase, explain what the emergency is and/or what caused the emergency situation.
3. Indicate the type of emergency the financial or operational damage/risk that will occur if needs are not satisfied immediately.
4. Indicate why the needs were not or could not be anticipated so that products/services could not have been purchased following standard procedures.
5. Indicate the reason and process used for selecting the vendor (provide supporting documentation)
6. Obtain appropriate authorized signatures.
7. Submit the form and supporting documentation to the Purchasing Office.

NOTE: Prior to committing a Purchase Order for the product or service, the justification must be reviewed and approved by the AVP for Procurement and Contract Services or his/her designee.

Justification for Emergency Purchase

Req#: _____

PO #: _____

This form has been designed to assist faculty and staff in providing information necessary in the processing of emergency requisitions for the procurement of products or services. Please complete and forward to the Purchasing Office. If more space is needed, please attach additional page(s).

PURCHASE INFORMATION

1. State the reason for the emergency purchase by explaining what the emergency is and what caused the emergency situation:

2. State the facts that lead to the conclusion that financial or operational damage or risk of damage will occur if needs are not satisfied immediately (do not simply say that there will be damage or risk of damage):

3. State why the needs were not or could not be anticipated so that goods or services could not have been purchased following standard procedures:

4. State the reason and process used for selecting the vendor (Attach all quotes/proposals received from other sources, if applicable):

I certify that the above statements are true and correct, and that no other material fact or consideration offered or given has influenced this recommendation for an emergency procurement.

_____	_____	_____
Print/Type Name	Print/Type Title	Department
_____	_____	_____
Department Authorized Signature	Date	Telephone Number

PURCHASING USE ONLY

Reviewed by: _____ Date: _____

Approved by: _____ Date: _____

AVP for Procurement and Contract Services (or designee)