UNAUTHORIZED PURCHASE FORM

To: OISD Business Office

Date: _____

From: _____

Department: _____

(*Individual who procured the good or service)*

Requisition Number: _____

Section 1 – to be completed by the responsible Administrator

1. Vendor name: _____
2. Unauthorized item(s) or service(s) purchased:

_____

3. Date of purchase:_____
4. Total cost: _____
5. Reason(s) OISD purchasing procedures were not followed:

_____

6. Describe measures taken to prevent a recurrence of unauthorized purchase:

_____

A. Purchase was necessary and appropriate. OISD will benefit from the purchase. Yes ☐ No ☐

B. All goods were received, or services were performed. Yes ☐ No ☐

C. Funds are available for payment. Yes ☐ No ☐

D. Price paid is reasonable. Yes ☐ No ☐

_____ _____

*Sig*nature *(Principal of Campus / Dept. Head)* Date

Forward to Superintendent for continued processing

Section 2 - to be signed by Superintendent

_____ _____

Signature **Date**