

## UNAUTHORIZED PURCHASE FORM

### Procurement Department



**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 Procurement Department (MC-4036). Refer to UConn Health's [Authorized Purchase Policy \(#2006-30\)](#) and the [Procurement Department's website](#) for additional information.  
 ⇒ For reimbursement requests, this approved Unauthorized Purchase Form and the original receipt for the purchase must be attached to the [Misc. Payment/Reimbursement Form](#).

#### SECTION I: PURCHASER INFORMATION

Requester 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(s):	Cost of goods/services purchased:		
Name of supplier(s) that provided the goods/services:	Goods/Services (without tax):	\$	
	+ Shipping/Handling (if any):	\$	
	+ Sales Tax (if any):	\$	
Description of goods/services purchased:	<b>TOTAL COST:</b>		<b>\$</b>
	⇒ Attach copies of receipts or other documentation. ⇐		

#### SECTION III: JUSTIFICATION

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

---

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

#### SECTION IV: REQUESTED PAYMENT INFORMATION

Payee Name and Address (printed):

⇒ Once Sections I, II, III and IV are completed, submit to Procurement Department (MC-4036) for review. ⇐

#### SECTION V: PROCUREMENT DEPARTMENT RECOMMENDATION

COMMENTS:	RECOMMENDATION:		
	<input type="checkbox"/> Approve all <input type="checkbox"/> Approve <u>only</u> this amount: \$ _____ <input type="checkbox"/> Deny all		
	SIGNATURE OF APPROVAL:		DATE:

#### SECTION VI: APPROVAL BY EXECUTIVE VICE PRESIDENT OF HEALTH AFFAIRS OR DESIGNEE

TOTAL AMOUNT APPROVED	PRINT NAME	SIGNATURE	APPROVAL DATE
\$			

⇒ After EVP Office action, please return to Procurement Department (MC-4036) for processing. ⇐