



Procurement Services Department

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**PROCUREMENT SERVICES
 NON-ROUTINE PURCHASE JUSTIFICATION
 AFTER THE FACT PURCHASES**

REQUISITION NO.	DATE:	ORIGINATING DEPT. NAME:	SMARTTAG:
ITEM(S) PURCHASED:			
SUPPLIER:			SUPPLIER'S ORDER OR REF. NO.:
JUSTIFICATION: (Provide reason(s) for circumventing routine purchasing procedures)			

Administrative Approvals (Once signed, please email this form to the Procurement staff.):

Originating Department: Approval Granted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature & Date:	Comments:
Originating Department Administrator: Approval Granted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature & Date:	Comments:
Procurement Staff: Approval Granted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature & Date:	Comments:
Director of Procurement: Approval Granted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature & Date:	Comments: