



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 on the original PO):

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