Procurement Services Department
777 Glades Road
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FLORIDA ATLANTIC UNIVERSITY

PROCUREMENT SERVICES
NON-ROUTINE PURCHASE JUSTIFICATION
AFTER THE FACT PURCHASES

REQUISTION 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:** ☐ **Yes** ☐ **No**	**Signature & Date:**	**Comments:**
Originating Department Administrator: **Approval Granted:** ☐ **Yes** ☐ **No**	**Signature & Date:**	**Comments:**
Procurement Staff: **Approval Granted:** ☐ **Yes** ☐ **No**	**Signature & Date:**	**Comments:**
Director of Procurement: **Approval Granted:** ☐ **Yes** ☐ **No**	**Signature & Date:**	**Comments:**