

7. Emergency purchase was made from this supplier because:
 Availability Low Bid Other (describe below):

Capital Item (Yes or No)	Item #	Item Description - Provide complete details including manufacturer # and catalog #	Quantity	Unit	Unit Cost	Extended Price
SUPPLIER (Name, Address, and Phone #		Date	Date Received		Index #	Total \$
		Building Name	Room #	Phone	Department Name	
		I hereby certify that the items specified were absolutely necessary; that there is proper authority of law and sufficient balance in the account indicated above for this purchase; this purchase will not result in any request for additional funds; and that the above statements are accurate and true. REQUESTOR NAME/DATE:				
		APPROVAL SIGNATURES				DATE
		DEPARTMENT HEAD:				
		DEAN:				
		VICE PRESIDENT: (Required for Non-G&C Funds)				
		OFFICE OF SPONSORED PROGRAMS:				
		PURCHASING DIRECTOR:				
		ASST. VP FOR FINANCIAL SERVICES:				

ADDITIONAL INFORMATION (submit additional information as required):