



UNIVERSITY OF CONNECTICUT HEALTH CENTER
Procurement Operations & Contracts
 263 Farmington Avenue, MC4036
 Farmington, CT 06032-4036

IMPORTANT: For additional information regarding our Unauthorized Purchase Policy, please refer to UCHC Policy #2006-28. Once this form is completed and signed by the Department Head of the Requesting Department, please submit this form and all supporting documentation to Procurement Operations & Contracts.

Payee Name _____ Requesting Department/Division _____ \$ _____
 Total Amount

UNAUTHORIZED PURCHASE JUSTIFICATION

1. Provide a description of the goods and/or services purchased.

2. List the name(s) of the Supplier(s) in which you purchased from and are requesting reimbursement.

3. Please explain the circumstances which resulted in the unauthorized purchase, and justify why proper Procurement procedures were not followed.

4. State what proactive actions were taken by your unit to ensure proper Procurement procedures are followed in the future.

AUTHORIZATION FROM REQUESTING DEPARTMENT

I authorized the request to reimburse the payee for the miscellaneous expenses listed above.

Department Head Name (Printed) _____ Department Head Signature _____ Date _____

Please note: This form must be signed by the appropriate Department Head him/herself.

APPROVAL SIGNATURES

TOTAL AMOUNT	TITLE	PRINT NAME	SIGNATURE	APPROVAL DATE
Less than or Equal to \$9,999	Asst. Director/Director of Procurement OR Facility Contracts & Leases			
Equal to or Greater than \$10,000	Controller	Jeffrey Geoghegan		
Equal to or Greater than \$200,000	Chief Financial Officer	John Biancamano		