After the Fact Justification

Vendo	or Name:	Invoice #
vendor system the Ca Low V made of unauth person	r without particles of the control o	sociated with the invoice number referenced above has been committed to the proper authorization. Procurement authority in the University of California om the Regents through delegations to the Director of Material Management for e Director of Material Management/CPO has delegated purchase authority for hases to the various departments up to a limit of \$10,000. Any purchase that is the authority delegated by the Director of Material Management/CPO is an immitment of University funds and becomes the personal responsibility of the he unauthorized purchase. Specifically, Business and Finance Bulletin 43, Part 3 (AUTHORIZED PURCHASES states:
VIII. UI	NAUTHOR	IZED PURCHASES
purchas can be r whose p of any c can be r	e of goods of required to pourchase wo cancellation required to p	individual who has not been delegated purchasing authority who makes an unauthorized or services shall be responsible for payment of the charges incurred. The unauthorized individual pay either the full amount whenever the purchase is found to cover unneeded items or items and not otherwise be authorized and the transaction cannot be cannot be canceled, or the amount charges incurred when cancellation can be arranged. Furthermore, the unauthorized individual pay the difference between the charges such individual incurred and those the University would calcate to have incurred whenever the purchase is otherwise found to have been proper.
	e processing inform	ng the requisition for this unauthorized purchase, Procurement requires the nation:
1.	A written	n justification for why the unauthorized procurement action was taken. What d?
2.		nent regarding whether or not the price is considered reasonable and explain the making that determination:
3.	Please propurchase	rovide an explanation of the actions taken to avoid any future unauthorized es:
This	form is re	quired to be signed by a Director, Principal Investigator, or Department Chair/Head
Signat	ure:	
Print N	Name:	
Title: _	(Must be	Date: a Director, P.I., or Department Chair/Head)