

Central Purchasing RATIFICATION OF AN UNAUTHORIZED PURCHASE

Instructions: This form should be used when an acquisition has been made without prior encumbrance of funds. The completed form should be attached to the requisition for the purchase in accordance with OAC 260:115-5-17.

| UNAUTHORIZED COMMITMENT INFORMATION | | | | |
|--|---------------------|---|-----------------------|---------------------------------|
| Person who made unauthorized commitment | | Title | | |
| State agency | Supplier name | | | Supplier ID |
| Description of items/services purchased (use additional pages as needed) | | | | |
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| What is the term of the contract or date contract | t ends? | | | |
| Has the entire good or service been provided by supplier? Yes No | | If no, what is the remaining dollar amount of this transaction? | | |
| Select each purchasing policy and/or statute that | was not followed: | | | |
| Purchase order was not issued prior to the c statute. | commitment for go | ods and/or | services but no compe | etitive bidding was required by |
| Purchase was more than \$25,000 but less the performed before the purchase. | an the agency's int | ernal purch | asing threshold and n | o competitive bidding was |
| Purchase was more than the agency's internal purchasing threshold and no competitive bidding was done before the purchase. | | | | |
| Purchase exceeded original purchase order amount or timeframe and change order was not completely within 30 days. | | | | |
| Original PO number: Other: | | _ | | |
| Explain why each above selected policy or statut | ory requirement wa | as not follo | wed: | |
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| Explain corrective action taken to inform and edu | | | | |
| proper procedures and policies. Describe what internal procedures have been implemented by the department to ensure that purchasing policies, guidelines and statues will be followed in the future: | | | | |
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| SIGNATURES | | | | |
| I understand that signing this certification at position and ineligibility for appointment to | | | | |
| of position. Chief administrative officer name | | | | |
| Chief administrative officer signature | | | Date | |
| - | | | | |