**Oklahoma State University  
Ratification of an Unauthorized Commitment**

**INSTRUCTIONS** *Form to be completed in Word format  
 Email the completed Word form to* [***avpaf@okstate.edu***](mailto:avpaf@okstate.edu) *Each party will receive a copy of the approved or rejected form*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **DATE** | | | Type Here | | | | | | | | | |  | |  | | **FY** | | Type Here | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **SIX DIGIT ORG #** | | | | | Type Here | | | | | | | | | |  | | **REQUISITION #** | | Type Here | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **DEPARTMENT NAME** | | | | | | | Type Here | | | | | | | | | | | | **PHONE** | | | | Type Here | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **1** | **Name of the individual who made the unauthorized commitment:** | | | | | | | | | | | | | | | | | | | | | | | |
| Type Here | | | | | | | | | | | | | | | | | | | | | | | | |
| **2** | **Name of the Supplier the order was issued to** *(include supplier name, contact name, and contact information)***:** | | | | | | | | | | | | | | | | | | | | | | | |
| Type Here | | | | | | | | | | | | | | | | | | | | | | | | |
| **3** | **Funding** *(show each banner fund and the amount to be charged to each - if REQ # is not included above)***:** | | | | | | | | | | | | | | | | | | | | | | | |
| Type Here | | | | | | | | | | | | | | | | | | | | | | | | |
| **4** | **Description of item(s) / service(s) to be purchased – *use additional pages as needed*:** | | | | | | | | | | | | | | | | | | | | | | | |
| Type Here | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **5** | **Total $ amount of purchase:** | | | | | | | | | Type Here | | | | | | | | |  | | | | | |
| **6** | **Select the purchasing policy(s) and / or guideline(s) which were not followed:** | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Purchase Order was not issued prior to the commitment for goods and/or services. (invoice date precedes PO date) | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Proper quotes not obtained in accordance with Policy/Guidelines | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Improper signature or no signature on contract | | | | | | | | | | | | | | | | | | | | | | |
| **7** | **Explain why the above selected policy(s) or guideline(s) were not followed:** | | | | | | | | | | | | | | | | | | | | | | | |
| Type Here | | | | | | | | | | | | | | | | | | | | | | | | |
| **8** | **Preventative Action - Describe the steps taken by the Department to inform and educate the person, initiating the unauthorized commitment, of the need to follow proper procedures and policies. Further describe what internal procedures have been implemented by the department to ensure that purchasing policies, guidelines, and procedures will be followed in the future. This may include, but not be limited to, enrollment in the Purchasing Basics course offered through OSU Talent and can be accessed through LMS (attached additional pages as needed):** | | | | | | | | | | | | | | | | | | | | | | | |
| Type Here | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **9** | **ORIGINATOR (Type Name)** | | | | | | | | | | | Type Here | | | | | | | (submitter) | | | | | |
|  | **REQUEST AUTHORIZED By (Type Name)** | | | | | | | | | | | Type Here | | | | | | | (Dept. Head) | | | | | |
|  |  | | | | | | | | | | | Type Here | | | | | | | (Fiscal Officer) | | | | | |
|  | | | | | | | | | | | | |  | | | | | |  | | | | | |
| *To be completed by Office of the Associate Vice President for Administration & Finance* | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | |  |  | | | |  | |  | | | | |
| Reviewed by: | | | |  | | | | | | | | | Date: | Type Here | | | | Locator: | | Type Here | | | | |
| Note to department (optional) | | | | | | | | | | | | | | | | | | | | | | | | |
| Type Here | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Process | | | | | | | | | | |  | | |  | | | | | | | | |  |
|  | Process as 4V (Purchasing Violation) | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Do Not Process | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | |  | | | | | | | Type Here | | | | | (Dean/VP) | | | |
|  | Type Here | | | | | Number of ORG Violations this FY | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Form Distribution** | | | | | | |  | AVPAF | | |  | |  | | DEPT | | | |  | | |  | | PURCHASING |