NON-COMPLIANT PURCHASE FORM

The purchase made on requisition __________________________ invoice __________________________
and/or ___________________________________ to ______________________________________________
is as a non-compliant purchase. This purchase is non-compliant because:

____ The order was placed before a purchase order was issued by the Purchasing Department.
____ A contract was signed by an unauthorized individual.

Please remember that a purchase requisition does not authorize you to make a purchase. Any order placed or
obligation made to a vendor without a purchase order or other contract document signed by the President, the
Vice President for Business Affairs, the Director of Purchasing, or Senior Buyer is the sole responsibility of the
person who placed the order and he/she is personally liable for payment to the vendor.

To avoid personal liability, employees should follow the university’s purchasing procedures as outlined in the
Administrative Policy Manual and summarized on the Purchasing Department website at
http://www.sulross.edu/pages/3333.asp.

To request that the university pay for this purchase, you must:
• complete this form,
• provide a non-state FOAPAL,
• sign the document (both employee and dept. head), and
• return it to Purchasing Department within 3 days.

We will forward the documents to the appropriate vice president who will determine whether this purchase will
be paid by the university.

Reason for the unauthorized obligation: ____________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________  
_____________________________________________________________________________________

Steps to be taken to avoid non-compliance in the future: ______________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________  
_____________________________________________________________________________________  

FOAPAL # ________________________________

Signed: ________________________________  Signed: ________________________________
(Person responsible for the obligation) (Dept. Head)

Typed/printed name: _____________________  Typed/printed name: _____________________

Approved for Payment by: _____________________  Date: _____________________
Vice President