

# AFTER-THE-FACT PURCHASE ORDER APPROVAL FORM

To be completed by purchaser of items for use by Fiscal Staff

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Purchaser Name: \_\_\_\_\_

Purchaser Phone #: \_\_\_\_\_

Purchaser Email: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

Reason PO not requested prior to purchase:

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Requisition ID#: \_\_\_\_\_

I understand that all University purchases require pre-approval and need to be purchased utilizing University procedures.

Purchaser Signature: \_\_\_\_\_

Unit Head Signature  
authorizing After-The-Fact  
PO: \_\_\_\_\_

**\*\*\*\*\*Please attach this form to Requisition\*\*\*\*\***