NON-COMPLIANCE FORM

Requisition # _______________ to __________________________________________ (vendor)
is in violation of the Purchasing Manual, “Purchasing Methods and Processing Guidelines” and
as such must be processed following the Procedures for Processing Non-Compliant Invoices.

In accordance with the Purchasing Manual, departments can obtain quotes and bids up to
$50,000. **Obligations cannot be incurred without prior approval** of the Sr. Director of
Purchasing or those in Purchasing with the delegated authority. The obligation of the Institution
for a good or a service will be made by the issuance of the purchase order.

The above referenced requisition is a violation of the authority to obligate the institution that is
expressed in Purchasing Operating Policies. The information requested below must be
provided and this form electronically attached to the TechBuy requisition. **The signature of the
person obligating the Institution must be present.**

Explanation for the unauthorized obligation:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Explain the steps taken to avoid non-compliance in the future:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Signed By: (Must be the person responsible for obligating the Institution)

__________________________________________

Printed Name: _________________________________

Title: ________________________________

Department: _______________________________

Date: _________________________________