



EMERGENCY PURCHASE AUTHORIZATION FORM

Date: _____

School or Department: _____

Contact: _____ Phone No. _____

Vendor's Name: _____ Cost: _____

Goods or Services Purchased:

Nature of the Emergency:

Date & Time _____ at _____

Purchasing Department Contacted:

(**Note:** Purchasing must be contacted within two (2) business days of purchase).

Threat to terminate essential services:

Threat to public safety, health, and/or welfare:

Briefly explain Circumstances:

Signed: _____ Date: _____
School Principal/Director/Supervisor

Signed: _____ Date: _____
Assistant Superintendent/Deputy Superintendent

Signed: _____ Date: _____
Superintendent

Signed: _____ Date: _____
Procurement Manager