

## UNAUTHORIZED COMMITMENT FORM

**INSTRUCTIONS:** To request reimbursement or payment for an Unauthorized Purchase or Commitment, complete Sections III and IV and submit the completed form and supporting documents in a service request via [service.kennesaw.edu/ofs](http://service.kennesaw.edu/ofs). Please go to the Office of Fiscal Services website for the [Contract Signature and Approval Policy](#), as well as the [Competitive Solicitation Policy](#).

**\* The Department Head or Budget Owner listed below must sign this form. \***

### SECTION I: REQUESTOR INFORMATION

Requestor Name (printed):	Title:	Department:	
Department Head / Budget Owner Name (printed):	Title:	Department Head/Budget Owner Signature:	Submission Date:

### SECTION II: PURCHASE / CONTRACT INFORMATION

Contract Date (if applicable):	Purchase Date:	Cost of goods/services purchased or exceeding original contract amount:		
Name and address of Supplier that provided the goods/services:  Description of goods/services purchased:			Contracted Amount	Actual Amount
		Goods/Services (without tax):		
		+ Shipping/Handling (if any):		
		+ Sales Tax (if any):		
Reason for Infraction:	<b>TOTAL COST:</b>			

**\* Attach copies of receipts or other documentation. \***

### SECTION III: JUSTIFICATION

Describe the circumstances that resulted in this unauthorized purchase being made and explain why KSU's Competitive Bidding and Contract Approval Policies were not followed:

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If applicable, describe the circumstances that resulted in the actual amount exceeding the contracted amount:

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If applicable, explain why KSU's procurement and/or contract approval process was not followed or why the appropriate signature authority did not sign the contract:

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If applicable, describe the actions taken by your department to ensure that the procurement and contract approval process will be followed in the future:

### SECTION IV: REQUESTED PAYMENT INFORMATION

Payee Name and Address (printed):	Total Amount Requested: \$
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**\* Once Sections I, II, III and IV are completed, submit this form for review. \***

### SECTION V: OFFICE OF FISCAL SERVICES COMMENTS

OFS Comments: Indicate the number and type of infractions to date by the requesting department.  Logged

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Print Name:	Signature	Date:
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### SECTION VI: APPROVAL BY CONTROLLER / ASSOCIATE CONTROLLER

TOTAL AMOUNT APPROVED	PRINT NAME	SIGNATURE	DATE
\$			

**\* After Controller/Associate Controller recommendation, please return to the processing unit – AP, Procurement or Contracts in OFS \***