## LOS ANGELES UNIFIED SCHOOL DISTRICT

**PROCUREMENT SERVICES DIVISION** 

## **Request for After-the-Fact Purchase/Contract Approval**

Please complete all sections. The information on this form will be submitted to the Board of Education as part of the Board report.

\*A representative should be available at the Board Meeting to speak regarding the extenuating circumstances, if necessary (i.e.: Principal, Region Superintendent, Cabinet Member, etc.).

	Request Date:		
Section I: Client/Contract Sponsor			
School/Office:	Location Code:	Region:	BD:
Contact Person:	Title:		
Phone:	Email:		<
C P'			
Section II: Type of Transaction			
	Purchase Order	Other Type of A	greement/Obligation:
			,
Section III: Type of Purchase			
□Material-Supply/Equipment	Amount:		
Services-Professional/General	Amount:		
	Amount:		
	Amount		-
Section IV: Vendor Information			
/endor Name:	Cont	act Person:	
Address:			
Phone:	Email:		
Se	ction V: Additional Inform	ation	
ype of Good or Service:	Sen	vice Date(s):	
	001	nee Date(3)	$\bigcirc$ /
Please explain in detail why the standard District	notion and procedures were not	followed Ware the se	nvisos completed? If not why
			rvices completed in not, why
	<sup>S</sup> OR THE		
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What change(s) have been put into place to preve	ent Procurement policy and pro	cedure violations from	occurring in the future?
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## **Request for After-the-Fact Purchase/Contract Approval** (Continued)

- I will not authorize a contractor/vendor to commence services or ship products unless a fully executed contract (other than a master services 1. agreement), work order (where required by contract) or Purchase Order has already been issued by Procurement.
- I am aware that anyone who willfully and intentionally violates the procedures may be personally liable for the costs of services or goods 2. incurred by the District.

Principal/Department Leader/Designee Initial:\_\_\_\_\_\_Region Superintendent/Cabinet Member/Designee Initial:\_\_\_\_\_

## Section VI: Required Signatures FOR THE LAUSD SCHOOL/OFFICE Name of Principal/Department Leader/Designee Signature Date Name of Region Superintendent/Cabinet Member/Designe Signature Date PROCUREMENT SERVICES DIVISION Date Name of Senior Contract Administration Manager/Designee Signature Name of Chief Procurement Officer/Designee Date Signature PARTHE NOR