

### UNIVERSITY OF HAWAII REQUEST FOR EMERGENCY PROCUREMENT

TO: \_\_\_\_\_  
Name of Fiscal Officer

FROM: \_\_\_\_\_  
Name of Principal Investigator, Department Head, Administrator

Pursuant to APM Section A8.260, the Department requests approval for this emergency procurement.

Date:	After the fact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Nature of the Emergency:	

Vendor:	Amount:

Description and purpose of goods, services, or construction to be purchased:
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Reason for Vendor Selection:
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Direct questions to: \_\_\_\_\_ Phone: \_\_\_\_\_

***I certify that the information provided above is, to the best of my knowledge, true and correct.***

Full Name of Principal Investigator, Department Head, or Administrator	Signature	Date
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Approved:

Full Name of Fiscal Officer	Signature	Date
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Full Name of Vice President or Chancellor (if applicable)	Signature	Date
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APPROVED / DISAPPROVED:

Director, Office of Procurement and Real Property Management (if applicable)	Date
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APPROVED / DISAPPROVED:

Vice President for Budget and Finance/Chief Financial Officer, University of Hawaii (if applicable)	Date
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