

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:	Yes	No
Nature of the Emergency:			

Vendor:	Amount:
---------	---------

Description and purpose of goods, services, or construction to be purchased:

Reason for Vendor Selection:

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
---	-----------	------

Approved:

Full Name of Fiscal Officer	Signature	Date
-----------------------------	-----------	------

Full Name of Vice President or Chancellor (if applicable)	Signature	Date
---	-----------	------

APPROVED / DISAPPROVED:

Director, Office of Procurement and Real Property Management (if applicable)	Date
--	------

APPROVED / DISAPPROVED:

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