

OFF CONTRACT PRIOR AUTHORIZATION FORM

INSTRUCTIONS: Submit form to: Wichita State University, Office of Purchasing, Campus Box 12.

Acquisition in the amount of \$ _____ is requested for:

_____ Off Contract Purchase (answer questions 1, 2, and 3)

_____ State Use Catalog Waiver (answer questions 1 and 3)

Vendor:

Address:

1. *Description of Material or Service:*

2. *Off Contract or State-Use Catalog Waiver Purchase – Please compare the pricing for the products requested to the applicable State of Kansas contract price, WSU contract price, or the State Use Catalog price. Calculate the savings in dollars and percentage. Make certain you are comparing delivered price including any applicable tax:*

State or WSU Contract # _____

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3. Please explain your justification for off-contract pricing:

4. State-Use Catalog Waiver – Please explain your justification for requesting an exception to purchasing from the state-use catalog:

I certify to the truth and accuracy of the above statements and information.

_____/_____/_____
Signature of Dept. Chair or Principal Investigator Date

Printed Name and Dept. Name BPC Purchase: ___Yes ___No

Fund Org Account Code BPC Cardholder: _____
Print Cardholder Name

AGENCY USE ONLY

Agency Name: WICHITA STATE UNIVERSITY

Agency Approval: _____ Date: ___/___/___