



**REQUEST FOR PURCHASING AND LACARTE EXCEPTION**

**PUR-216**

**Request Date:** \_\_\_\_\_ **Department:** \_\_\_\_\_

*As outlined in the memo from the Vice President of Administration & Finance, Jerry LeBlanc, the University has instituted LaCarte restrictions for all funds except for Grant Funds. For general purchases (non-emergency and non-mission-critical), exceptions to these restrictions require written justification and prior approval from the Comptroller in the Administration and Finance Office via this form. This form must be routed for approval PRIOR to use of LaCarte and attached to an Expense Report in Chrome River as part of support cost documentation for each transaction. For mission-critical or emergency purchases, a PUR-216 form is not required; instead, justifications are reviewed as part of the Chrome River Expense Report process.*

**Please verify that you have fully completed for form and/or attached the following:**

1. Item description and business purpose (below)
2. Cost estimate/quote
3. Vendor information
4. Account number to be charged (below)
5. Funding source documentation
6. Justification for necessity (below)

Item description, business purpose and justification for necessity (use additional sheet of paper is needed)

Funding:

| Fund | Organization | Account | Program | Activity<br>(If Applicable) | Amount |
|------|--------------|---------|---------|-----------------------------|--------|
|      |              |         |         |                             |        |
|      |              |         |         |                             |        |

*I certify that this purchase is essential to the continued operation of the department.*

|           | Signature | Printed Name | Title | Date |
|-----------|-----------|--------------|-------|------|
| Requestor |           |              |       |      |

**Approval Status:**            ( ) APPROVE            ( ) DISAPPROVE

|   |                  |             |
|---|------------------|-------------|
| Department Head/<br>Director/Supervisor |                  |             |
|   | <b>Signature</b> | <b>Date</b> |

**Approval Status:**            ( ) APPROVE            ( ) DISAPPROVE

|             |                  |             |
|-------------|------------------|-------------|
| Comptroller |                  |             |
|             | <b>Signature</b> | <b>Date</b> |