

**Unauthorized Purchase Explanation/Certification (UPEC)
For Procurement Card Transactions**

Please complete and submit with Corresponding ProCard Report.

Cardholder Name (Please print): _____ Today's Date: _____

Department: _____ Coyote ID: _____

Vendor Name: _____ Date of Transaction/Delivery: _____

Please provide detailed facts regarding this situation by answering the following as they apply: What was purchased? Why was prohibited item/service purchased? (Or why was restricted item/service purchased without prior authorization?) Was this an emergency situation (i.e., health or human safety were at risk? If so, please detail the facts.

Lists of prohibited and restricted items are located in the Procurement Card Handbook. Please see <http://purchasing.csusb.edu/forms/pchandbook.pdf>. This Unauthorized Purchase Explanation/Certification for Procurement Card Transactions is required whenever a procurement card is used to purchase an item/service that is prohibited, a restricted item/service is purchased without prior authorization from the appropriate manager or director, or when a procurement card is used for non-University related purposes. Please note that when a procurement card is used for non-University purposes, the cardholder must reimburse the University for the total amount charged and provide proof to the ProCard Administrator that the reimbursement has been completed.

Initial acknowledgement:

The following certification must be signed by the individual responsible for the unauthorized purchase. This is necessary in the event of the state Auditor does not approve the purchase and requires that the individual be personally liable for the purchase.

"I hereby certify that I am the individual responsible for the unauthorized purchase, that I inspected the merchandise or services listed above, and there is no exception as to quantity or quality."

Signature of Cardholder

Date

I have reviewed and discussed the information above with the cardholder.

Signature of Approving Official

Date

Purchasing Office Use Only			
Reviewed By (Manager or Director): _____	Date: _____	University reimbursement required?	YES NO
Logged By: _____	Date: _____	Fiscal Year: _____	Proof of reimbursement received <input type="checkbox"/>