

AGENCY STATE USE EXCEPTIONS REPORT TO PURCHASING

(Report due to the Procurement & Business Services Dept by the 10th day of each month.)

Instructions: Please complete this form when disbursing treasury (State) funds for the purchases or services offered by the Department of the Blind and Handicapped (TBH) but purchased from another source. Mail completed form to Procurement@shsu.edu

1. This report is for the _____.
2. Treasury (State) Funds Only
3. Name, department, and extension number of person providing this report:

Name: _____
 Department: _____
 Extension Number: _____

Description of Products/Services Purchased as Exception	Requisition/ Purchase Order Number	Date when Requisition/Purchase Order Created	TBPC Commodity Code (11 digits)	Quantity of Product or Duration of Service Purchased as Exception	Reason Purchase was Made Under Exception*	Unit Price (actual price paid)	Total Cost/ Dollar Amount
TOTAL EXCEPTION PURCHASES MADE							
Monthly Total of Products Purchased from the State Use Program							
Monthly Total of Services Purchased from the State Use Program							

*** Acceptable Exceptions**

1. Quantity
2. Quality
3. Delivery
4. Life Cycle Cost