

## UNIVERSITY OF HAWAI'I REQUEST FOR EMERGENCY PROCUREMENT

TO: Office of Procurement and Real Property Management

FROM: \_\_\_\_\_  
(Department/Program)

Pursuant to APM Section A8.260, the Department requests approval for this emergency procurement.

Date:	After the fact:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Nature of the Emergency:					

Vendor:	Amount:
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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
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Approved:

Full Name of Fiscal Officer	Signature	Date
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Full Name of Vice President or Chancellor (if applicable)	Signature	Date
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APPROVED / DISAPPROVED:

Director, Office of Procurement and Real Property Management (if applicable)	Date
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APPROVED / DISAPPROVED:

President, University of Hawai'i (if applicable)	Date
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