OPM Form 152 (Rev. 04/2020)

UNIVERSITY OF HAWAII REQUEST FOR EMERGENCY PROCUREMENT

TO:		
Name of Fiscal Administrator		
FROM:Name of Principal Investigator, Dep	partment Head, Administrato	r
Pursuant to Administrative Procedure 8.260 (goods and servequests approval for this emergency procurement.	vices) or 8.281 (construction), the Department
Date:	After the fact:	☐ Yes ☐ No
Nature of the Emergency:		
Vendor:	Amour	nt:
	<u> </u>	
Description and purpose of goods, services, or construction	to be purchased:	
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Reason for Vendor Selection:		
Troubert for Vertuer Colocitorii.		
Direct questions to:	Phone:	
I certify that the information provided above is, to	the hest of my knowledge	tuna and convect
1 Cerujy inai ine injormation provided above is, to	the best of my knowledge, t	rue ana correci.
Full Name of Principal Investigator,	Signature	Date
Department Head, or Administrator	Signature	Date
Approved:		
Full Name of Fiscal Administrator	Signature	Date
Tail Name of Fiscal Administrator	Olgitataro	Date
Full Name of Vice President or Chancellor (if applicable)	Signature	Date
APPROVED ☐ DISAPPROVED ☐		
Director, Office of Procurement Management, or	wliashla\	Date
Facilities Contract Manager, Facilities Business Office (if ap	piicable)	
APPROVED □ DISAPPROVED □		
Described Heisenstein (11 co. 27 (15 co. 27 co. 12 co. 27	<u> </u>	- Det
President, University of Hawaii (if applicable)		Date