



RATIFICATION OF AN UNENCUMBERED PURCHASE

Instructions: This form should be used when an acquisition has been made without prior encumbrance of funds. The completed form should be attached to the requisition for the purchase in accordance with OAC 260:115-5-17.

UNENCUMBERED COMMITMENT INFORMATION				
Person who made unencumbered commitment		Title		
State agency	Supplier name			Supplier ID
Description of items/services purchased (use additional pages as needed):				
What is the term of the contract or the date the contract ends?		Total amount of ratification agreement		
Has the entire good or service been provided by supplier? Yes No		If no, what is the remaining dollar amount of this transaction?		
Select each purchasing policy and/or statute that was not followed:				
Purchase order was not issued prior to the commitment for goods and/or services but no competitive bidding was required by statute.				
Purchase was more than \$25,000 but less than the agency's internal purchasing threshold and no competitive bidding was performed before the purchase.				
Purchase was more than the agency's internal purchasing threshold and no competitive bidding was done before the purchase.				
Purchase exceeded original purchase order amount or timeframe and change order was not completed within 30 days.				
Original PO number: Other:				
Explain why each above selected policy or statutory requirement was not followed:				
Explain corrective action taken to inform and educate the person who initiated the unencumbered commitment of the need to follow				
proper procedures and policies. Describe what internal procedures have been implemented by the department to ensure that purchasing policies, guidelines and statutes will be followed in the future:				
SIGNATURES				
I understand that signing this certification and knowing such information to be false may result in forfeiture of my position and ineligibility for appointment to or employment in state service for a period of five years following forfeiture				
of position. Chief administrative officer name				
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Chief administrative officer signature			Date	