

**PRIOR AUTHORIZATION FORM**

**INSTRUCTIONS:** Submit form in duplicate to: Kansas Division of Purchases, 900 S.W. Jackson, Room 102N, Landon State Office Building, Topeka, Kansas 66612-1286.

Acquisition in the amount of \$\_\_\_\_\_ is requested for:

( ) Off Contract Purchase ( ) Sole Source ( ) Emergency Purchase ( ) Interagency

**Vendor:**

**Address:**

**Description of Material or Service:**

**Reason for Acquisition or Exception:**

-----

**AGENCY USE ONLY**

Requested By \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature & Title)

Agency Name: \_\_\_\_\_

Agency Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature and Title)

-----

**DIVISION OF PURCHASES USE ONLY**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(State Procurement Officer Signature)