ALL fields and signatures on this form must be fully and accurately completed. Forms with incomplete/incorrect data or signatures will be returned for correction and will delay processing of your request.

Emergency Procurement Approval Form

Date Request Submitted_____

Requestor Name_____

Requestor Email address_____

Requestor Phone Number_____

Line Office or Staff Office_____

Eight digit requisition prefix_____

Description of Emergency Procurement:_____

_____

_____

Cost_____

ACCS_____

How does this qualify as an emergency? (Must be a discontinuance of service or mission critical)_____

_____

_____

_____

Line Office CFO or Staff Office Director Printed Name:

_____

Line Office CFO or Staff Office Director Signature:

_____Date:_____

AGO Acquisition Division Director Printed Name:

_____

AGO Acquisition Director Signature:

_____Date:_____