Pay on Invoice Violation

Per Chapter 13 of New Mexico State Statute and CNM Policy, procurements are only authorized when initiated by CNM’s Purchasing Department.

Purchaser Name ______________________________________________ Date of purchase _________________

Authorizing control agent _________________________________ Cost Account ______________________

Referred to Vice President by _______________________________________________ Date ________________

Explanation for Request

What event justified the procurement? ________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

How was the vendor selected? _____________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Which other products and/or vendors were considered and why were they rejected?_______________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

To be completed by the vice president:

Denied _____ Authorized _____

What action was undertaken to ensure future compliance _____________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Vice President signature ______________________________ Date _______________

Attach the invoice to this form