

### LOW-VALUE PURCHASE AUTHORIZATION

Department Name				Date			
LVPA Number				LVPA Limit Amount (per transaction, per supplier, including tax)			
<input type="checkbox"/> <b>New Request</b>		<input type="checkbox"/> <b>Cancellation</b>		<input type="checkbox"/> <b>Change*</b>			
*Description of change							
<b>Budget information</b>							
Loc	Acct	Fund	Sub	Obj Code	CCntr	CType	Proj
<b>Contracts &amp; Grants Authorization Period</b>							
From				To			
<b>Authorized Individuals</b>							
Names							
<b>Certification</b>							
<p>I certify that a person with signature authorization will approve all orders, and that our department will keep a record of each order for two years (five years from final ending date for orders charged to federal funds).</p> <p>The duties of the individual(s) authorized to make purchases will be separated to ensure that the items ordered were received and that the purchases are appropriate. Individuals other than the person placing the order will:</p> <ol style="list-style-type: none"> <li>1. Certify that the items ordered were received.</li> <li>2. Perform an administrative review periodically of selected purchase documents to verify that the expenditures are supported.</li> <li>3. Reconcile the department ledger.</li> </ol>							
Authorizing Signature (Department Head or MSO)				Date			

Mail or Fax to Purchasing at x8639