|  |  |  |  |
| --- | --- | --- | --- |
| OMES logo |  |  | Authority Limit Waiver Request |

|  |  |  |  |
| --- | --- | --- | --- |
| Agency Name: |       | Agency Number: |       |
| Agency Requisition #: |       | Purchase Order #: |       |
| Vendor Name: |       | Vendor FEI/SSN: |       |
| Original Amount ($): |       | Modified Amount ($): |       |
|  |
| Type or Nature of service or product provided:       |
|  |
| Department or division that requested service or product: |       |
|  |
| Explanation of the inadvertent administrative error or unforeseeable circumstance which caused the acquisition to exceed the purchasing authority limit in 74 O.S. § 85.7.A.2.b. :       |
| **I hereby request a waiver of the agency's authority limit not to exceed a 10% increase of the acquisition amount.** |
|  |  |       |
| Signature |  | Date |
|       |  |       |
| Printed Name |  | Printed Title |
| (   ) -       |  |  |
| Phone Number |  |  |
| **Submit this form to the State Purchasing Director for review:** |
|  | **CP.Feedback@omes.ok.gov** |
|  |
| ***(FOR STATE PURCHASING DIRECTOR USE ONLY)*** |
|  | The waiver request has been: □ Approved; □ Denied |  |  |
|  |  |  |  |  |  |
|  | State Purchasing Director |  | Date |  |  |
|  |  |  |  |  |  |
|  | Comments:  |  |
|  |  |  |
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