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| OMES logo |  |  | Authority Limit Waiver Request |

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| 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: | | | | | | |  | | | | | | | | | | |
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| 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**](mailto: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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