

STATE OF DELAWARE

AFTER THE FACT WAIVER REQUEST



The State accounting policy requires a purchase order for any obligation over \$5,000, prior to the purchase of a good and/or service.

The State is not liable for goods or services unless and until proper compliance of accounting procedure has been met. In the event of non-compliance, the vendor may look for payment to the employee who wrongfully purported to obligate the State.

Requesting Agency Information			
*Date of Request:			
*Agency Name:			
Agency Street Address:			
Agency City Address:			
*Name of Person Requesting:			
Title of Person Requesting:			
*Email Address:			
*Phone Number:		SLC Code:	
*Vendor Name:			
*Dollar Amount:			
*Description of Items:			
*Reason for Requesting Waiver:			
*Purchase Order Number:			
Requestor Approval			
*Cabinet Secretary/Agency Head/Superintendent Name:			
*Cabinet Secretary/Agency Head/Superintendent Signature:			

(*) denotes required

***** Submit to OMB_AfterTheFact@delaware.gov *****

If approved by the Office of Management and Budget and Department of Finance, this form must be attached to the purchase order.

Office of Management and Budget and Department of Finance -----Office Use Only-----

Approved _____ Denied _____

Approved _____ Denied _____

X _____ Date: _____

Director – Office of Management and Budget

X _____ Date: _____

Secretary – Department of Finance