

AGENCY STATE USE EXCEPTIONS REPORT TO PURCHASING

([Report due to the Procurement & Business Services Dept. by the 10th day of each month.](#))

Instructions: Please complete this form when disbursing treasury (State) funds for the purchases or services offered by the Department of for the Blind and Handicapped (**TIBH**) but purchased from another source. E-mail completed form to: Procurement@shsu.edu

1. This report is for the month of _____, _____.
2. Treasury (State) Funds Only
3. Name, department, and extension number of person providing this report:
 Name: _____
 Department: _____
 Extension Number: _____

Description of Products/Services Purchased as Exception	Requisition/Purchase Order Number	Date when Requisition/Purchase Order Created	TBPC Commodity Code (11 digits)	Quantity of Product or Duration of Service Purchased as Exception	Reason Purchase was Made Under Exception*	Unit Price (actual price paid)	Total Cost/Dollar Amount
TOTAL EXCEPTION PURCHASES MADE							
Monthly Total of Products Purchased from the State Use Program							
Monthly Total of Services Purchased from the State Use Program							

***Acceptable Exceptions:**

1. Quantity
2. Quality
3. Delivery
4. Life Cycle Cost