

ORAL ROBERTS UNIVERSITY

VENDOR EXCEPTION POLICY FORM

Vendor Name _____ Employee Name _____

Vendor Offer* _____ Department _____

POLICY EXCEPTION REQUESTED:

JUSTIFICATION:

APPROVAL

REQUIRED SIGNATURES:

Dept. Head _____ Date Signed _____

Vice President _____ Date Signed _____

Dir. of Purchasing _____ Date Signed _____

CFO/Vice President of Finance _____ Date Signed _____

COMMENTS _____