



TOWN OF BERLIN

PURCHASE ORDER EXCEPTION FORM

DEPARTMENT (TO BE FILLED OUT BY DEPARTMENT HEAD)

DEPARTMENT _____ DATE _____

ACCOUNT NO. _____ FISCAL YEAR _____

AMOUNT \$ _____ WHO ORDERED IT? _____

VENDOR _____

DATE SERVICE OR MATERIAL ORDERED _____

HAS THIS BILL BEEN PREVIOUSLY APPROVED? _____

WHY WASN'T A PURCHASE ORDER OBTAINED? _____

HAS THIS INVOICE BEEN CHECKED BY YOUR DEPARTMENT FOR DUPLICATE PAYMENT? _____

SIGNED _____
DEPARTMENT HEAD _____ DATE _____

FINANCE DEPARTMENT

HAS THIS INVOICE BEEN CHECKED FOR DUPLICATE PAYMENT? _____

BY _____ DATE _____

COMMENTS _____

PAYMENT APPROVED BY _____
FINANCE DIRECTOR _____ DATE _____

PURCHASING DEPARTMENT

COMMENTS _____

APPROVED BY _____

DATE _____

PURCHASING