



# CHEROKEE COUNTY UNAUTHORIZED PURCHASE FORM

Date:\_\_\_\_\_ Department:\_\_\_\_\_

Employee:\_\_\_\_\_

Vendor:\_\_\_\_\_

Invoice:\_\_\_\_\_

1. Describe the facts/situation surrounding this unauthorized purchase:

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2. Describe the method used to determine that the price paid was fair and reasonable:

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3. Describe the corrective actions taken to prevent recurrence:

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\_\_\_\_\_  
**Employee**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**County Administrator**

\_\_\_\_\_  
**Date**