

Request for Ratification and Approval of Payment for Commitments in Violation of CRS §24-30-202 and Fiscal Rule 2-2

Name of Requesting Agency/IHE: _____

Note: This form should be completed by the Agency/IHE and submitted by the Agency's/IHE's chief fiscal officer to the State Controller.

I. Description of Commitment (Attach relevant documentation)		
Identify if PO or Contract Violation:		
Name of Vendor:		
CMS/PO/Invoice # (if any):		
Description of goods or services provided or liability incurred:		
Amount of the commitment:	\$	
Date commitment commenced:		
Date commitment ended:		
State if disbursements been made and describe any such disbursements:		
II. Explanation for Violation		
Explain why the commitment arose before it was authorized:		
Agency's/IHE's organizational unit:		
Name & title of responsible person(s):		
Describe existing internal controls:		
State why existing internal controls did not prevent the violation:		
State if any party acted in bad faith or fraudulently and describe the basis for such conclusion:		
III. Evaluation		
Are the price(s) and rate(s) fair and reasonable?	Yes	
	No	
Describe the basis for concluding fair and reasonable pricing and attach any relevant documents:		
State procurement procedures used:		
State if all other required approvals were obtained and describe and attach such approvals (if any):		

IV. Expenditure and Unencumbered Balance			
Is the expenditure authorized by appropriation?	Yes		
	No		
Is the expenditure within the Agency's/IHE's unencumbered balance of the appropriation?	Yes		
	No		
V. Preventative Measures			
Describe the measures planned to prevent future violations of this nature:			
Describe past preventative measures and state why they were not effective:			
VI. Additional Comments			

The undersigned requests ratification of this commitment and/or approval to make payment of such commitment. The undersigned represents that he/she has reviewed the information provided in this request and that, to the best of his/her knowledge, the statements herein are true, correct and complete. The undersigned is satisfied that the corrective action planned or taken is sufficient to prevent or minimize future occurrences.

Agency/IHE: _____

Name: _____

Title: _____

Date Signed: _____