**enterprise buy program**

**Exception to policy Request**

**This Exception should be requested prior to inputting PR in SNACS**

**MONTH \_\_\_\_\_\_\_\_ YEAR\_\_\_\_\_\_\_\_\_**

1. Point of Contact Information – Requestor :
	1. Name:
	2. Garrison
	3. Program/activity:
	4. Phone number:
	5. E-mail address:
2. Point of Contact Information – Person using the Product:
	1. Name:
	2. Garrison
	3. Program/activity:
	4. Phone number:
	5. E-mail address:
3. Product:
4. Product Specifications:
5. Estimated total cost: $\_\_\_\_\_\_\_\_\_ How many items ordering \_\_\_\_\_\_\_\_.

 \*List each item separately and give cost for each and how many\*

1. Reason for exception: (e.g., Emergency procurements outside the enterprise buy calendar, Procurements with region specific characteristics).
2. Justification: (provide a detail justification for purchasing this product).
3. \_\_\_\_\_\_\_\_\_\_\_\_\_ Approved \_\_\_\_\_\_\_\_\_\_\_\_ Disapproved

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name and Signature of DFMWR Date

Maria M. Viña\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name and Signature of Enterprise Buy Program Administer Date

\*Approved waiver must be attached to Purchase Request in SNACS.