

ANNA ISD
Business Services Acknowledgement Form

This form is required for any transaction where a breach of Business Services policy or procedures has been identified. The information provided will document variances in procedure as required under the scope of the district's Annual Audit.

Information

Employee Name

Campus/Department

Vendor Name

Transaction Amount

Req or PO Number

____ Personal or Inappropriate Purchase

____ No PO Issued Prior to Order or Service

____ Failure to Claim Tax Exemption

____ Purchase Immediately Necessary

____ Other _____

Employee Explanation

I acknowledge that the documented transaction is a breach of Business Services policy or procedures.

Employee Signature

Date

Supervisor Signature

Date