

## Emergency Purchase Log for Fiscal Year \_\_\_\_\_

Use this form to record one-time emergency purchases that occur as a result  
of an unforeseen event.

Date of Purchase	Description of situation requiring Emergency Purchase <i>(Attach Relevant Documentation)</i>	Product(s) and/or Service(s) Purchased <i>(Quantity and Description)</i>	Procedure Method Used to Determine that Cost of Each Item Is Reasonable	Contractor/ Supplier Name, Address	Unit Price for Each Product/Service

**Signature of Person Completing This Form**

\_\_\_\_\_

\_\_\_\_\_

**Date**

## Directions: Emergency Purchase Log

**Purpose:** This tool is intended to track emergency purchases made by the Sponsor using Child Nutrition Program funds. This type of tool also helps the Sponsor to maintain the documentation required for Administrative/Procurement reviews.

### Directions:

**SFA Name:** Record the name of the Sponsor in designated space.

**Fiscal Year:** Record Federal fiscal year during which the emergency purchase was made.

**Date of Purchase:** Record the date of emergency purchase in the designated space.

**Description of situation requiring the use of an Emergency Procurement Method and the method used to determine the cost of each item is reasonable:** Record a descriptive statement that explains (1) why the emergency-purchase method is the most suitable procurement method for the purchase and (2) what method the CE used to ensure that the cost of the product(s) and/or service(s) was reasonable in the designated space.

**Product(s) and/or Service(s) Purchases (Quantity and Description):** List the product(s) and/or service(s) procured under the emergency procurement procedures in the designated space.

**Procedure Method Used to Determine the Cost of Each Item Is Reasonable:** Record process used to obtain cost of product/service and measures to determine whether cost is reasonable in this space.

**Contractor/Supplier Name, Address:** Record the name and address of the contractor or supplier in the designated space.

**Unit Price for Each Item:** Record the amount of each unit purchased in the designated space.

**Signature of Person Completing This Form:** Ensure that the person contacting the contractors/suppliers and completing the form signs the form in the designated space.

**Date:** Record the date the person completing the form signs the completed form in the designated space. Attach additional documentation as appropriate to this form.