STAPLES ORDER EXCEPTION FORM*

(TO BE COMPLETED WHEN PURCHASING OFFICE SUPPLIES FROM A SOURCE OTHER THAN THE STAPLES CONTRACT)

Department Name: _____

Account Index: _____

Month/Year: _____

DATE OF PURCHASE	ITEM PURCHASED	STAPLES UNIT PRICE	COMPARISON UNIT PRICE	COMPARISON VENDOR(S)	TOTAL PURCHASE PRICE	WAS STAPLES PRICE USED?	AMOUNT OF SAVINGS IF STAPLES WAS USED	AMOUNT OF SAVINGS IF STAPLES WAS NOT USED

**Note: This form is to be completed and prices verified by departmental personnel. Information from this form is subject to audit. Should this information be requested for audit, departments will be asked to submit a summary of the information in Excel spreadsheet format for submittal to TBR for review*.