

Non-Compliance Documentation

This form must be completed and returned to Purchasing prior to approval of the pending requisition.

Date: _____ Employee Name: _____ Requisition/PO #: _____
Supplier: _____ Amount: _____

Requisition Pending (to be completed by Purchasing):

Next 2 sections to be completed by supervisor.

Describe actions taken with employee in regards to this requisition and subsequent finding:

Describe action plan, in order to avoid any future non-compliance:

Employee Signature: _____ Date: _____
Supervisor Signature: _____ Date: _____
Director Signature: _____ Date: _____