



## SPECIAL ITEM PURCHASE APPROVAL FORM

Date: \_\_\_\_\_

Name of person making request: \_\_\_\_\_ Department: \_\_\_\_\_

### SPECIAL ITEMS

Name of Good or Service Requested

\_\_\_\_\_

### PURPOSE

Why is the purchase essential at this time? What is the direct impact if we don't buy it?

\_\_\_\_\_

### VENDOR

Provide 3 vendors that have been selected. Circle the recommended company.

1. Company Name & Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Price Details or Total: \_\_\_\_\_

2. Company Name & Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Price Details or Total: \_\_\_\_\_

3. Company Name & Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Price Details or Total: \_\_\_\_\_

Business Justification: \_\_\_\_\_  
(For Recommended Company)

Approved by KS/VP/DO 1:	Approved by KS/VP/DO 2:	Approved by EP:  No:
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Special good and service items:

1. Price above Rp.1,000,000.
2. Goods and services under category *Urgent* or unusual good.
3. Item(s) is not available in ordinary supplier or chainstore (*Toko Besar*).