



URGENT ORDER AUTHORIZATION

AVOIDABLE / UNAVOIDABLE

PVD/UOA/001

ISSUANCE DATE: _____
SECTION/DEPARTMENT: _____

PR NO. _____
PO NO. _____
CAPEX NO. _____
MAP NO. _____

TYPE: BID WAIVER
> PROPRIETARY (SOLE SUPPLIER)
> SAFETY
> BREAKDOWN
> CUSTOMER'S REQUIREMENT
CRITICAL ITEM
INSUFFICIENT OF STOCK
OTHERS (PLEASE SPECIFY)

1.0 URGENT REQUEST (TO BE FILL UP BY END USER)

ITEM : _____
QUANTITY : _____
SPECIFICATION : _____
DELIVERY DATE REQUIRE : _____
SUPPLIER (IF ANY) : _____
REQUESTER NAME : _____

1.1. NO. OF CASE(S)
1X
2X
3X
REPETITIVE @
MORE THAN 3X

2.0 PROBLEM, CAUSE AND COUNTERMEASURES (TO FILL UP BY END USER)

| NO | PROBLEM | CAUSE WHY NEED TO ORDER URGENTLY | TEMPORARY C/M (TO OVERCOME PROBLEM IMMEDIATELY) | PERMANENT C/M (TO ELIMINATE RECURRENCE) | PIC/ DIV | DEADLINE |
|----|---------|---|--|--|-------------|----------|
| | | WHY 1 ----- WHY 2 ----- WHY 3 ----- WHY 4 ----- WHY 5 | | | | |

3.0 AUTHORIZATION

| END USER | | |
|----------|-------|--------|
| EXEC | HOS | HOD/GM |
| Name: | Name: | Name: |
| Date: | Date: | Date: |

| PVD DEPT. | | |
|-----------|-------|---------|
| EXEC | HOS | HOD/CFO |
| Name: | Name: | Name: |
| Date: | Date: | Date: |

Remark by PVD :

4.0 SPECIAL APPROVAL

Verbal approval requested by: _____

Time: _____

Verbal approval given by: _____

Processing

Route : Requester → Head of Section → H.O.D / GM → PVD Dept. Normal

Requester → Head of Section → H.O.D / SHEO / GM → PVD Dept. *Safety issue only

* Special approval shall be requested only during night shift & weekend.