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| Ratification Action Template | | |
| **PART I. TO BE COMPLETED BY INDIVIDUAL WHO COMMITTED THE UNAUTHORIZED ACT OR THEIR RESPONSIBLE SUPERVISOR** | | |
| Statement of facts and circumstances. (Attach any relevant supporting documentation.) | | |
| TYPED OR PRINTED NAME, GRADE, DUTY TITLE | DATE (yyyy-mm-dd) | SIGNATURE |

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| **PART II. TO BE COMPLETED BY RECEIVING ACTIVITY** | | |
| The  Supplies  Services identified were received on       (yyyy-mm-dd).  Provide all relevant documentation such as receiving reports as attachments to this document. | | |
| TYPED OR PRINTED NAME, GRADE, DUTY TITLE | DATE (yyyy-mm-dd) | SIGNATURE |

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| **PART III. TO BE COMPLETED BY ACCOUNTING AND FINANCE** | | |
| I certify that funds  are  are not available if action is ratified.  I certify that funds  were  were not available at the time the unauthorized commitment was made. | | |
| TYPED OR PRINTED NAME, GRADE, DUTY TITLE OF ACCOUNTING AND FINANCE OFFICER | DATE (yyyy-mm-dd) | SIGNATURE |

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| **PART IV. TO BE COMPLETED BY INDIVIDUAL’S IMMEDIATE SUPERVISOR** | | |
| Disciplinary action  was  was not taken.  Provide explanation of disciplinary action taken or the reason why none was taken. | | |
| Provide explanation of actions taken to prevent recurrence of unauthorized commitments. | | |
| TYPED OR PRINTED NAME, GRADE, DUTY TITLE | DATE (yyyy-mm-dd) | SIGNATURE |

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| **PART V. TO BE COMPLETED BY CONTRACTING OFFICER** | | |
| The facts, records and documentation  are  are not adequate for a ratification determination.  Benefit  was  was not received and prices  are  are not fair and reasonable.  The purchase  would have been  would not have been valid if properly executed.  Payment and ratification is  is not recommended.  My Contracting Officer’s *Statement of Facts* is attached to support the above conclusions. | | |
| TYPED OR PRINTED NAME, GRADE, DUTY TITLE OF  CONTRACTING OFFICER | DATE (yyyy-mm-dd) | SIGNATURE |

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| **PART VI. TO BE COMPLETED BY LEGAL OFFICER** | | |
| This record has been reviewed and  is  is not considered legally sufficient to support ratification of action.  This record has been reviewed and recommend this action be processed pursuant to FAR 1.602-3(d) for the following reasons: | | |
| TYPED OR PRINTED NAME, GRADE, DUTY TITLE OF  LEGAL OFFICER | DATE (yyyy-mm-dd) | SIGNATURE |

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| **PART VII. TO BE COMPLETED BY RATIFICATION APPROVING AUTHORITY** | | |
| Pursuant to my authority under AFFARS 5301.602-3(b)(2) and my delegation dated      , this unauthorized commitment  is  is not ratified. | | |
| TYPED OR PRINTED NAME, GRADE, DUTY TITLE | DATE (yyyy-mm-dd) | SIGNATURE |