MEDCO	M REQUEST FOR APPROVAL OF UNAUTHORIZED	COMMITMENT
For use of this form see MEDCOM Pam 715-2, the proponent agency is MCAA		
IN THE AMOUNT OF (\$):	TO (COMPANY NAME):	
FOR (SUPPLIES/SERVICES):		COMMITTED (DATE):
COMMITTING ACTIVITY/UNIT:	•	
PAI	RT I - DESCRIPTION OF COMMITMENT AND UNIT COMMANDE	R'S REVIEW
AUTHORITY: FEDERAL ACQUISITION REGULATIONS (FAR) AND ARMY FEDERAL ACQUISITION REGULATION SUPPLEMENT (AFARS) The individual making the unauthorized commitment shall complete Blocks 1 and 2 of Part I, Section A, provide the required documentation, sign, date, and forward to his/her immediate supervisor for completion of Block I, Part I, Section B. The immediate supervisor shall then forward the file to their Unit Commander, Director, or Activity Chief (as a minimum, this is the first 0-6 or equivalent in the individual's chain of command) for completion of Blocks 1 through 4, Part 1, Section C. The complete file shall be forwarded through command channels to the Chief of the Regional Contracting Office. All information will be completed in detail.		
	PART I, SECTION A - COMMITMENT CIRCUMSTANCES	
commitment was made, the name ar	Circumstances.(Include what bona fide need of the Government and title of the Government official who made the Unauthorized benefit received by the Government, the value of that benefit, and	Commitment, why normal procurement

PART I. SECTION A - COMMITMENT C	RCUMSTANCES (CONT)	
2. List and attach all relevant documents. (Include purchase request, funding reque	est, orders, invoices, and other evidence of th	e transaction.)
		,
TYPED NAME AND TITLE OF INDIVIDUAL MAKING UNAUTHORIZED COMMITMENT:	SIGNATURE:	DATE:
TIPED NAME AND TITLE OF INDIVIDUAL MAKING UNAUTHORIZED COMMITMENT.	SIGNATURE.	DATE.
PART I , SECTION B-SUPER	RVISOR REVIEW	
(Completed by immediate supervisor of individua		
1. Comments of Immediate Supervisor of Individual Making Unauthorized Commitm	ent.	
		1
TYPED NAME, TITLE, AND ORGANIZATION OF SUPERVISOR:	SIGNATURE:	DATE:

PART I, SECTION C- COMMANDER'S REVIEW  (Completed by MTF Commander, OTSG/MEDCOM Chief of Staff or MRMC customer Commander)		
I have reviewed the circumstances, facts, and actions taken processing of the ratification by the Chief of the Regional 0	concerning the Unauthorized Commitm	
I have reviewed the circumstances, facts, and actions taken a Action should be returned to the activity supervisor:	nd I do not concur that this action shou	ld be further processed for ratification.
Further documentation of circumstances.		
Payment by individual making the Unauthorized Commitment.		
Further documentation of corrective action(s) taken.		
Other (Explain).		
Detailed statement of why action is returned to the activity supervisor.		
TYPED NAME, TITLE, AND ORGANIZATION OF COMMANDER:	SIGNATURE:	DATE:

PART I, SECTION D-RECOMMENDA	ATION REGA	RDING CONTRACTUAL RATIFICATION	
(Completed by Unit Commander, Director or Activity Chief - as a m OR SES if UC exceeds \$10.000)	ninimum, this i	s the first 0-6 or equivalent in the individual's	chain of command.) (GO
Describe remedial action taken to prevent recurrence or state reas	son why reme	dial action is not necessary.	
Describe disciplinary action taken. (Include a descriptionofanyadm	inistrativeacti	ontobetakenunderapplicablepersonnelauth	orityorfurnish an
explanation of why no disciplinary action was considered necessary.)			
Recommend Contractual Ratification	Appropr	ately Funded Purchase Request and Material	Inspection
	and Red	ceiving Report (DD Form 250) are forwarded here	e with.
Do Not Recommend Contractual Ratification	Explain	Reason:	
4. Bo Not recommend contractual realifold	Explain	reason.	
TYPED NAME, TITLE, AND ORGANIZATION OF UNIT COMMANDER/DIRECT SES if UC exceeds \$10,000).	CTOR (GO OR	SIGNATURE:	DATE:

PART II - CONTRACTING OFFICER'S REVIEW
(Completed by the assigned Contracting Officer)
THE ASSIGNED CONTRACTING OFFICER SHALL REVIEW THE FILE AND PROCEED AS FOLLOWS:
<ol> <li>Determine the adequacy of all facts, records, and documents furnished and obtain any additional material required.</li> <li>Obtain an opinion from legal counsel as to whether the acquisition is ratifiable under FAR 1.602-3, AFARS</li> </ol>
5101.602-3, or should be handled otherwise.  3. State whether the price involved is considered fair and reasonable and indicate how the determination was
made.
4. Determine whether sufficient funds are available to pay for acquisition.
5. Prepare a summary statement of facts addressing the foregoing. The statement is to include a recommendation as to whether the transaction should be ratified. ( <i>If more space is required attach plain bond paper</i> ).

SIGNATURE:

MEDCOM FORM 747,	JAN 2020
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TYPED NAME AND GRADE OF CONTRACTING OFFICER:

DATE:

PART III , SECTION A- LEGAL REVIEW AND FINAL DISPOSITION			
(Completed by Legal Counsel)  DETERMINE WHETHER THE ACQUISITION IS RATIFIABLE UNDER AFARS 5101.602-3 and FAR 1.602-3, OR RECOMMEND OTHER APPROPRIATE DISPOSITION.			
	•		
TYPED NAME, GRADE OF LEGAL ADVISOR:	SIGNATURE:	DATE:	
	「III,SECTION B PARC or Contracting Office Chief)		
Based on the Foregoing Determination, Request for Ap	proval of Unauthorized Commitment is:		
1. Actions of \$10,000 or Less			
Approved (Issue Purchase Order).			
Disapproved (Provide Disposition Instructions in accordance with FAR 1.602-3(d) and AFARS 5101.602-3-90).			
2. Actions in excess of \$10,000			
Approval is Recommended.			
Disapproval is Recommended (See FAR 1.602-3(d) and AFARS 5101.602-3-90).			
3. Actions in excess of \$100,000			
Approval is Recommended.			
Disapproval is Recommended (See FAR 1.602-3(d) and AFARS 5101.602-3-90).			
TYPED NAME AND GRADE OF REGIONAL CONTRACTING OFFICE CHIEF:	SIGNATURE:	DATE:	