Justification for Sole Source Purchases

Date _____ Bus Unit _____ Requisition # _____

1 The item is required for use in (check all that apply):
Office _____ Classroom _____ Lab _____
Other (explain) _____

2 What features or functions are unique to this item?

_____

How are these dimensions or performance characteristics essential to the accomplishment of your work?

_____

3 List all known companies, other than your suggested source, that manufactures a similar item or manufactures an item with similar functions.

_____

4 Why are the above competing companies' products (if any) not satisfactory?

_____

5 Will this item be used with existing equipment (yes or no)? _____
If yes, check all that apply. The item will be used . . .
as a repair/replacement part _____ as a component to be interfaced _____
as an accessory or option _____ to match existing equipment _____
for reasons of interchangeability _____

Identify brand, model, and serial number of existing equipment (if applicable):
Brand _____ Model _____ Serial # _____

6 Provide any additional information that may aid the buyer in processing the requisition.

_____

I certify that the above statements are true and correct to the best of my knowledge. I also certify that neither I nor my family members will gain or receive any additional benefit because I have recommended that this acquisition be obtained solely from a designated vendor or contractor.

Person Requesting Proprietary Purchase * _____ Signature _____ Date _____

* For research grants, this person must be the Principle Investigator or designee.

Department _____ College/Division _____

College/Division Administrator _____ Signature _____ Date _____

Purchasing Department Approver _____ Signature _____ Date _____

Revised 02/23/07