Requisition No.: _____

JUSTIFICATION FOR SOLE SOURCE PURCHASE

Must be completed for any item over $2,500 or more and substitution of supplier or item is not acceptable

1. TO BE COMPLETED BY REQUISTIONER:

REQUISTIONER: _____ DEPARTMENT: _____

ITEM DESCRIPTION: _____

FUND SOURCE: _____ STATE _____ AUXILIARY _____ GRANT _____ OTHER

2. Substitution of requisitioned item (s) is not possible because: (check all that apply)

☐ Item must match existing equipment: (explanation required)

☐ No other items meets the following specifications:
_____

☐ Available substitutes not acceptable because:
_____

☐ Other:
_____

3. Substitution of Supplier is not possible because supplier is: (check all that apply)

_____ The only known manufacturer _____ The only known distributor

_____ The only source for service _____ The best source of service

_____ The only supplier that can deliver by _____

_____ Other _____

4. Prior to submitting this requisition, did you investigate other possible sources? ____ YES ____ NO

If YES: 1) Did you obtain quotes from the other sources? ____ YES _____ NO. If YES, attach copies

2) Is this Vendor's price lower than the other sources? ____ YES ____ NO. If NO, please justify the additional cost.

5. Sole source Vendor, Address, Telephone Number and Fax Number and Point of Contact:

I/We, the undersigned, certify the above to be true and correct to the best of m/our knowledge and belief and the user and/or undersigned does not have a financial interest in the above named vendor.

PURCHASING APPROVAL

_____
Purchasing Buyer's Signature Date

_____
Purchasing Director's Signature Date

DEPARTMENT APPROVAL

_____
Requestor's Name and Title Date

_____
Requestor's Signature Date