

## 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