

**Justification for Proprietary Acquisition**  
**(Sole Source)**

**General Information**

Date: \_\_\_\_\_  
College/Division: \_\_\_\_\_  
Department: \_\_\_\_\_  
Requisition Number: \_\_\_\_\_

**Product/Service Information**

Goods/Services: \_\_\_\_\_  
Make/Model (Product Only): \_\_\_\_\_  
Amount: \$ \_\_\_\_\_

**Vendor Information**

Vendor Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Vendor Category:   \_\_ Manufacturer           \_\_ Distributor           \_\_ Service Provider

**Justification**

**Specifications/Unique Features**

Describe the specifications/unique features of the product or services, and explain thoroughly why the specifications/unique features are needed:

## Competing Products/Services

List all known vendors, other than your suggested source, that provide a similar item or an item with similar functions.

Provide the reason that competing products/services are not satisfactory:

## Applicable Justification

Checkmark applicable box. See the instruction for examples.

- **Sole Vendor**  
The named vendor is the only one that can produce required goods or services.
- **Proprietary**  
The named vendor is the only one that can provide required products or services that meets university requirements.
- **Contractual**  
The named vendor needs to be utilized because in compliance with the contract.
- **Compatibility**  
The named vendor is the only one that can provide products or services that are compatible to the existing system or products.
- **Best Value**  
The named vendor is the single supplier that meets the best value criteria in accordance with Texas Education Code 51.9335(b).

Further Clarification (Required\*\*)

Describe any risks or consequences expected if the product or service was procured from another vendor, and explain why only the named vendor can provide the product/service without such risk or consequences.

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.

\_\_\_\_\_  
Proprietary Purchase Requestor Name\*\*                      Signature                      Date

\*\*For research grants, the requestor must be the Principle Investigator or designee.

**Approval**

\_\_\_\_\_  
College/Division Administrator Name                      Signature                      Date

\_\_\_\_\_  
Purchasing Department Approver Name                      Signature                      Date