

Justification for Sole Source Purchases

Date: _____ Business Unit _____ Requisition No. _____

1. Vendor (Suggested Source): _____
2. The item is required for use in (check all that apply):
 Office Classroom Lab
 Other (explain) _____
3. What features or functions are unique to this item?

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

4. List all known companies other than your suggested source that manufacture a similar item or manufacture an item with similar functions.

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

6. Will this item be used with existing equipment? Yes No

If yes, check all that apply. The item will be used . . .

- | | |
|--|--|
| <input type="checkbox"/> as a repair/replacement part | <input type="checkbox"/> as a component to be interfaced |
| <input type="checkbox"/> as an accessory or option | <input type="checkbox"/> to match existing equipment |
| <input type="checkbox"/> for reasons of interchangeability | |

Identify brand, model and serial number of existing equipment (if applicable):

Brand _____ Model _____ Serial # _____

