

SOLE SOURCE PURCHASE JUSTIFICATION FORM

State purchasing regulations require that sole source procurement be justified in one of the following ways. Please check and complete the section that applies to your purchase and attach this form to your purchase requisition. Be sure that your requisition has a complete description of the item or items, including brand and model number.

I. This is a purchase of repairs involving hidden damage; that is, vender must disassemble item before cost of repairs can be determined.

II. This is a purchase requiring performance compatibility with existing commodities and/or services.

Explain the compatibility requirement: _____

III. The requested product/service/software is essential in maintaining research, teaching or patient care continuity, or to remain in compliance with established standards (check all that apply):

_____ Requested product/service/software is being used in continuing research, experiments, teaching and/or patient care projects.

_____ Other investigators have used the product/service/software in similar research, teaching and/or patient care projects for comparability results.

_____ I have standardized the requested product/service/software and use of an alternate brand/model would require considerable time and funding to evaluate.

_____ The requested product/service/software is one that I (or my staff) have specialized training and/or extensive experience. Retraining would incur substantial cost in money and/or time.

_____ The product is an upgrade to capital- or non-capital equipment/software.

IV. This is a sole source based on performance specifications. (Brand name or design specification requirements are not acceptable)

What is the unique performance requirement? _____

Why is this feature necessary? _____

What other sources were checked? _____

In what way did the other sources not meet the performance requirement? _____

Is the product requested available from more than one dealer or distributor? Yes No

Description, Make, & Model: _____

Name: _____ Phone: _____

Signature: _____ Dept: _____

Department Head Signature: _____

Date: _____