

JUSTIFICATION FOR SOLE SOURCE PURCHASE

REQUISITION NUMBER _____ DATE _____

DEPARTMENT _____ LOCATION/BLDG _____

SUGGESTED VENDOR _____

ITEM DESCRIPTION AND REASON FOR SOLE SOURCE
(MAY ALSO BE ATTACHED AS A MEMO)

TECHNICAL CHARACTERISTICS

REASON FOR REQUESTING SOLE SOURCE

ITEM MUST MATCH EXISTING EQUIPMENT, WHICH IS;

ITEM IS A REPAIR PART FOR EXISTING EQUIPMENT, WHICH IS;

ITEM IS TO BE ATTACHED TO EXISTING ITEM, WHICH IS;

TECHNICAL CHARACTERISTICS OF REQUESTED ITEM ARE ESSENTIAL TO OUR NEEDS BECAUSE;

NO OTHER MANUFACTURER OF THIS TYPE PRODUCT EXISTS

OTHER MANUFACTURERS OF THIS TYPE OF PRODUCT DO NOT MEET OUR MINIMUM REQUIREMENTS:

MANUFACTURER'S NAME _____

REASON _____

MANUFACTURER'S NAME _____

REASON _____

MANUFACTURER'S NAME _____

REASON _____

OTHER _____

SIGNATURE AND TITLE OF REQUESTER _____