

Sole Source Justification

Requisitions for items that are to be purchased from a specific vendor, where substitutes to the vendor or brand are unacceptable, must be accompanied by a written justification explaining the circumstances that make substitutes unsuitable. The justification must be signed by the principal investigator, department chair, or director. The Director of Purchasing Services or designee determines whether the justification is appropriate. Justifications are to be supported with a price quote from the vendor and any factual statements that will pass an internal or federal audit. It is the salient features of a product that make it a sole source.

Instructions

This form should accompany your purchase requisition when sole source approval is requested for equipment, material, supplies and services exceeding \$5,000. Check the appropriate category below and furnish explanation.

Attach sheets if necessary.

1. The requested product is an integral repair part or accessory compatible with existing equipment.
Existing equipment: _____

Manufacturer/Model No.: _____ Age/Current Value _____
2. The requested product has unique design performance specifications or quality requirements which are essential to my research protocol or teaching needs and are not available in comparable items.
3. The requested product is essential in maintaining research continuity or to remain in compliance with established University standards.

Requested product is being used in continuing research experiments.

Other investigators have used the product in similar research and, for comparability research results, I require it;

I have standardized the requested product and the use of another brand /model would require considerable time and funding to evaluate.

4. The requested product is one with which I (or my staff) have specialized training and/or extensive experience. Retraining would incur substantial cost in money and/or time.
5. Other factors (provide detailed explanation below- attach additional sheets as needed)

Explanation of item(s) checked above:

Signature _____
Full Name of Principal Investigator, Department Chair or Director

APPROVED:

Typed Name Date

Purchaser/Date