

**JUSTIFICATION  
SINGLE OR SOLE SOURCE REQUEST**

**Dept. Req. #** \_\_\_\_\_ **Req. Date** \_\_\_\_\_ **Account/fund #** \_\_\_\_\_

List technical reasons for requesting the purchase of specific brand, type or vendor of equipment, services, or supplies. Attach this completed form to purchase Requisition.

The product/service listed below is the only one to my knowledge which meets the needs of the University for this purchase. All other vendors or products are unacceptable for this purchase.

Purchase to be made from: (Vendor Name) \_\_\_\_\_  
(Vendor Address) \_\_\_\_\_  
(Vendor Phone) \_\_\_\_\_  
(Vendor Contact) \_\_\_\_\_

Department Name: \_\_\_\_\_ Box Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Authorized Dept. Representative: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Authorized Department Representative: \_\_\_\_\_  
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**Description** of unique property, characteristics, functions or features such that only that single products/vendor particular feature, or service will properly satisfy the University needs and all other products or services will be unacceptable for such needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( if additional space is needed, attach to this form)

**Describe how the above benefits the University:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( if additional space is needed, attach to this form)

**List comparable products/services and reasons why they are not acceptable:**

Vendor Name	Model/Cat. #	Reason for Rejection
_____	_____	_____
_____	_____	_____
_____	_____	_____

( attach quotes from all vendors)

If less than three comparable products/services have been evaluated, state reason to proceed with purchase process:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If product is to be used with existing equipment, complete the following:

Repair/replacement part(s) \_\_\_\_\_ Add to existing equipment value \_\_\_\_\_

If added to equipment value, complete the following:

Original Equipment Purchase Order or Property No.: \_\_\_\_\_

Description of original equipment item: \_\_\_\_\_