



# Sole Source Request

1. Name of Dept: \_\_\_\_\_  
 Rm. #/Campus: \_\_\_\_\_  
 Requesting Person: \_\_\_\_\_  
 (Please Print)

2. Vendor Name: \_\_\_\_\_  
 Requisition #: \_\_\_\_\_

3. Describe Item/Service to be procured: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. State why no other item/service can perform the same function(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Indicate unique design/performance feature(s) of the item/service that are essential to your requirements:  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Indicate what other suppliers/users were contacted: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Reason for Sole Source Request
- \_\_\_\_\_ A. Compatibility of equipment, accessories, or replacement parts
  - \_\_\_\_\_ B. Competition is precluded because of the existence of patents, copyrights, secret processes, or natural monopolies.
  - \_\_\_\_\_ C. Film, manuscripts, or books from publisher
  - \_\_\_\_\_ D. State contract, cooperative purchasing agreement
  - \_\_\_\_\_ E. Other (Please describe condition)

8. I certify that a sole source procurement exists.

\_\_\_\_\_ A. Requesting Person \_\_\_\_\_  
 (Signature and Date)

\_\_\_\_\_ B. Budget Authority \_\_\_\_\_  
 (Signature and Date)

\_\_\_\_\_ C. Next Level of Authority \_\_\_\_\_  
 (Signature and Date)

**Attach manufacturer's sole source statement and other supporting documentation and submit the form and documentation to the Purchasing Department.**

Purchasing office comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_