

# SINGLE/SOLE SOURCE JUSTIFICATION

A single sole source purchase may be made when there is **legitimately a single source of supply**. You must use this worksheet to record the information to justify your sole source purchase request. Sole Source Justifications are not to be utilized to circumvent normal purchasing procedure. This form is to be used only as an exception when all attempts to pursue competitive purchasing practices have failed. Pricing is not a justification for a single sole purchase. If approved, a purchase order will be issued.

PURCHASE REQUISITION # \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

## BRIEFLY DESCRIBE THE PRODUCT/ SERVICE YOU ARE REQUESTING AND ITS FUNCTION

**The purchase will be used for:**

- |  |   |
|--|---|
| <input type="checkbox"/> Research              | <input type="checkbox"/> Patient Care/Medical |
| <input type="checkbox"/> Classroom/teaching    | <input type="checkbox"/> Maintenance/ repair  |
| <input type="checkbox"/> Other (specify) _____ |   |

**Unique characteristics of the item(s) I am requesting are:**

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**The companies (vendors) I contacted and the brands I investigated are:**

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**I am requesting this purchase as a single sole source because:**

- Vendor is a single sole provider of a licensed or patented good or service
- Match compatible with my existing equipment
- As a replacement or repair part
- As a component to be interfaced with the existing equipment
- As an accessory or option to match existing equipment or for interchangeability
- Continuity of research
- Vendor is a single sole provider of factory-authorized warranty service
- Maintenance is from the original equipment manufacturer

Other: \_\_\_\_\_  
\_\_\_\_\_

Requestor: \_\_\_\_\_ Approval: \_\_\_\_\_