



Requisition No: _____
P.O. Box Number: _____
Date: _____

Justification for Sole Source or Proprietary Purchase

Item Details

Name, manufacturer, and model number of item(s) to be purchased:

Source of Purchase

_____The proprietary or sole source item(s) may be purchased from more than one source. _____The proprietary or sole source item(s) may only be purchased from a sole source

If the item may only be purchased from a sole source, the source is:

_____The Manufacturer _____Only Authorized distributor for area
_____Other (please specify:) _____

Name of Source (Minimum of one required):

Details

Brief Description of Research or Other Project for which item(s) will be used

Features/Functions unique to the item(s) not available in any other comparable item(s)

Explanation for the need for the specifications. Why are the unique features/functions necessary for the accomplishment of the research and/or project goals?

Reason competing products are not satisfactory:

Required Vendor Documentation

_____A Sole Source Letter from the vendor is attached.

This letter must be signed and printed on the vendor's letterhead and must state that the product or service is only available from them and not offered through other distributors, resellers, or competitors.

_____	Date _____
Department Authorized Signature	
Approved: _____	Date _____
(Purchasing Department)	

If more space is needed, please attach additional page(s)