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| --- | --- |
| Requisition Number: |  |
| Name and Title of Requester: |  |
| Department Name: |  |
| Amount of Requisition: |  |
| Funding Source (FOAPAL and name): |  |

Describe item, briefly, what the item/service is and how it will be used. Please avoid technical terms when possible.

No substitution of the item/manufacturer is requested for the following reason (check all applicable):

1. The requested supplier/manufacturer is the only known source of the item(s), which has special or unique features.
2. The items must match or be compatible with existing items.
3. Other, Please specify on attached page(s).

Please answer the following:

1. If the purchase is being made through a sponsored project (grant or restricted account) has the granting agency approved this purchase as a single source?
2. If the contract was awarded to another manufacturer or vendor, please list the consequences.
3. Fully describe the evaluation process you took regarding this purchase and list any other brands that were evaluated and why they were deemed to be unacceptable.
4. Furnish detailed and specific reasons for requesting this sole source purchase. Describe the features and explain why they are essential. Discuss the length of time spent on the evaluation process.
5. Discuss the length of time spent on the evaluation process.

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| Signature of Requester |  | Printed Name |  | Date |
|  |  |  |  |  |
|  |  |  |  |  |
| Approval Signature (Director, Dean or VP) |  | Printed Name |  | Date |

**TO BE COMPLETED BY PROCUREMENT SERVICES:**

Date posted to website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date removed from website (not less than 7 days): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of challenges received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check appropriate: Recommend single source approval Recommend disapproval

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Purchasing Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_