



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:

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

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