



**SOLE SOURCE JUSTIFICATION AND APPROVAL FORM**

*Sole source purchases require justification and approved of the Purchasing Department  
Justification forms should be attached to the online requisition (Please contact the Purchasing  
Department if you require assistance with this form @ ext. 22616)*

Requisition number: Estimated contract amount: \$

Recommended supplier name, address, and contact information:

Description of requested items or services and their purpose(s):

Reason(s) for requesting a sole source purchase:

- Original manufacturer or provider; no other local distributors exist.
- Only local distributor for the original manufacturer or provider.
- Parts or equipment not interchangeable with similar parts of another manufacturer.
- Only known item or service matching the requested needs or performing the intended task.
- Sole provider of a licensed or patented good or service.
- Sole provider of items compatible with existing equipment, inventory, systems, programs or services.
- Sole provider of goods or services established as standard (Please provide evidence of such a standard).
- Sole provider of factory-authorized warranty service.
- Used item representing good value and advantage.
- Time is of the essence and only one known source can meet the needs within the required timeframe.  
(Lack of adequate advanced planning does not create an urgency that justifies sole source acquisition).
- Alternate supplier for a similar product cannot be identified.
- None of the above applies (Please attach a detailed explanation and justification for this sole source request).

Explain why the product or service requested is the only one that can satisfy your requirements as well as why alternatives are unacceptable. Be specific with regard to specifications. Attach additional pages if necessary.

REQUESTED BY: DEPARTMENT:  
PREPARED BY: DATE:

I hereby certify that, to the best of my knowledge, the above justification is accurate and request that a sole source be approved for the procurement of the above requested items or services.

SIGNATURE: \_\_\_\_\_

Fill out form online, print and return it with all corresponding documents to the Purchasing Department.  
Please contact the Purchasing Department if you require assistance with this form @ ext. 22616.

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**RESERVED FOR PURCHASING DEPARTMENT ONLY**

REQUISITION NUMBER: SIGNATURE: \_\_\_\_\_

APPROVED Reason for denial:  
NOT APPROVED