## **Justification for Sole Source Purchases**

Do	ıte:	Business Unit _		Requisition No	
1.	Vendor (Suggested So	ource):			
2.		☐ Classroom	□ Lab		
3.	What features or functions are unique to this item?				
	How are these dimen	sions or performance	e characteristics e	essential to the accomplishment of your work?	
4.	List all known compar an item with similar fu		suggested source	e that manufacture a similar item or manufacture	
5.	Why are the above c	ompeting companie	es' products (if an	y) not satisfactory?	
6.	Will this item be used with existing equipment? □ Yes □ No				
	If yes, check all that apply. The item will be used				
	as a repair/replac	cement part		as a component to be interfaced	
	as an accessory of	or option		to match existing equipment	
	☐ for reasons of inte	erchangeability			
	Identify brand, model and serial number of existing equipment (if applicable):				
	Brand	Model		Serial #	

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	Signature  RITE BELOW THIS LINE CUREMENT USE ONLY	Date
Department/College/Division Administrator	Signature	Date
	-	
Department/College/Division		
*For research grants, this person must be the princi	ple Investigator or designee.	
Person Requesting Proprietary Purchase*	Signature	Date
I certify that the above statements are true and co nor my family members will gain or receive any add acquisition be obtained solely from a designated v	ditional benefit because I have recon	

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