SOUTH TEXAS COLLEGE

JUSTIFICATION FOR SOLE SOURCE, OR PROPRIETARY PURCHASE

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 which is the:

Manufacturer

Only Authorized distributor for the area

Other (please specify)

Name of source (minimum of one required)

________________________________________________________________________

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 unique features/functions are necessary to accomplishment of research and project goals:

________________________________________________________________________

Reason competing products are not satisfactory:

________________________________________________________________________

________________________________________________________________________

Department Authorized Signature

Date:

Approved: 
Purchasing Department

Date:

Revised 08/2017