

Justification for Sole Source or Proprietary Purchase

Requisition Number: _____

P.O. Number: _____

Date: _____

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):****1.) Brief description of research or other project for which item(s) will be used:****2.) Features/functions unique to the item(s) not available in any other comparable item(s):****3.) Explanation for the need for the specifications. Why are the unique features/functions necessary for the accomplishment of the research and/or project goals?****4.) Reason competing products are not satisfactory:**_____
Department Authorized Signature_____
Date_____
Purchasing Department Approval_____
Date