



## Sole Source Justification/ Approval Form

*This form is to be utilized when purchasing products/services that are only available from one source.*

Complete this form when only one source is available for goods or services requested or when only one product will meet your needs. Respond to all questions that apply. The state requires that we obtain three bids when possible. Please complete and forward to the Purchasing Department. If more space is needed, please attach additional page(s).

### PURCHASE INFORMATION

Requisition #: \_\_\_\_\_ Purchase Order #: \_\_\_\_\_

Estimated Price: \_\_\_\_\_

Item (name, manufacturer, & model number) or Service to be purchased:

Description of requested item(s) or service(s) 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.

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 or factory-authorized warranty service.

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.

Identify other sources reviewed and why they are unacceptable. Be specific with regard to specifications.

### CERTIFICATION

I certify that the above statements are true and correct, and that no other material fact or consideration offered or given has influenced this recommendation for a sole-source or proprietary purchase.

\_\_\_\_\_  
Name Job Title Department

\_\_\_\_\_  
Department Authorized Signature & Date Phone #

### PURCHASING USE ONLY

\_\_\_\_\_  
Reviewed by Approved by (CPO or designee)