

**SOLE SOURCE / SINGLE SOURCE / NO SUBSTITUTE JUSTIFICATION**

Complete this form and submit to Procurement Services when Purchase Request dollar amount exceeds \$10,000 and competitive bidding is unavailable or deemed unacceptable.

REQUISITION #                      ITEM(S)                                      COST \$

**I. Check the category most applicable to your requirement:**

- Sole Source.** No other known source or the only source meeting specification requirements.
- Single Source.** Only the designated Supplier is acceptable, others may exist.
- No Substitute.** Specified item is required due to uniqueness, research continuity, etc.

**II. Check the description(s) most applicable to your requirement:**

- Item has characteristics unique to a single manufacturer essential to proposed use.
- Proprietary repair or replacement item.
- Supplementary or accessory item required from same manufacturer.
- Designed into fabricated equipment.
- Required for test and evaluation.
- Emergency acquisition as defined in BUS 43

**III. Defining Item / Supplier uniqueness:**

- A. What are the unique minimum use requirements (e.g., operating specifications; dimensions; tolerances; accuracy; purity; reliability; useful life, etc.)?
  
- B. How are these requirements critical to your needs?
  
- C. What other suppliers were considered and why were they rejected? (Brand names and suppliers should be specified.)
  
  
- D. Why is this make, model, service, or supplier the only one acceptable?

Prepared By: \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_ Ext. \_\_\_\_\_  
(if different than the Approver)

Approved By: \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_ Ext. \_\_\_\_\_  
(Principal Investigator/Administrative Officer)

Concurrence: \_\_\_\_\_ Date \_\_\_\_\_  
Buyer