

SIGNATURE AND TITLE OF REQUESTER



BUREAU OF ADMINISTRATION REQUEST/JUSTIFICATION FOR SOLE SOURCE PURCHASE

REQUESTER NAME:	DATE:
DEPT/INSTITUTION:	PHONE NUMBER:
AGENCY/OFFICE	
SUGGESTED VENDOR:	REQUISITION NUMBER:
ITEM/SERVICE TO BE PURCHASED:	
REASON FOR REQUESTING SOLE SOURCE (CHECK ALL THAT APPLY)	
☐ ITEM MUST MATCH EXISTING EQUIPMENT	
☐ ITEM IS REPAIR PART FOR EXISTING EQUIPMENT	
☐ ITEM IS TO BE ATTACHED TO EXISTING EQUIPMENT	
TECHNICAL CHARACTERISTICS OF REQUESTED ITEM ARE ESSENTIAL TO OUR NEEDS	
OTHER MANUFACTURERS OF THIS TYPE OF PRODUCT DO NOT MEET OUR MINIMUM REQUIREMENTS	
NO OTHER MANUFACTURER OF THIS TYPE OF PRODUCT EXISTS	
OTHER (PLEASE SPECIFY)	
PROVIDE AN EXPLANATION FOR THE REASONS CHECKED ABOVE.	
EXPLAIN THE PROCESS YOU USED TO CHOOSE THE REQUESTED ITEM OR SERVICE. INCLUDE A LIST OF VENDORS CONTACTED.	