SOLE/PREFERRED PRODUCT/SOURCE REQUEST FORM

Item ___________________________________________ PO # ____________________________

Vendor ___________________________________ Fund Acct. # _________________________

University policy requires that competitive bids be obtained by Purchasing from at least three (3) qualified vendors, when available, for all orders totaling $5,000 or more.

Any deviation from this policy requires written justification from the requisitioner to Purchasing prior to commitment of an order. If you believe there is justification to request, in lieu of competitive bidding, a specific product brand name, a specific manufacturer, or a sole or preferred supplier of a product or service, you must print out this form, complete it, and send it to Purchasing at More Hall, Room 180 (Fax: X2369).

Your evaluation of the product and/or supplier, and their relevance to your research or work, must be detailed in the explanation section.

REASON FOR REQUEST (CHECK ONE)

___SOLE PRODUCT/SOURCE: Only known product of its kind and/or only known supplier of the product.

___PREFERRED PRODUCT/SOURCE: Preferred product and/or supplier due to the overriding circumstances cited below.

CHECK ALL THAT APPLY (EXPLAIN REASONS BELOW):

___Uniqueness of a product (explain your research/work requirements and the relevance of the product).

___Critically important features (detail the features and your research of comparable items).

___Continuity of existing research/work.

___Product/service standardization.

___Repairs, replacement parts, or technical service available only from manufacturer or authorized distributor.

___Superior workmanship, design, quality, or performance.

___Only authorized distributor or service provider.

___Compatibility with existing equipment.

___Other.

Explanation:

___________________________________________________________________________________

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Requisitioner's/ PI's Signature ___________________________ Date ________________

Purchasing Buyer's Signature ___________________________ Date ________________