

SOLE SOURCE FORM

Date: _____

Description of Purchase: _____

Sole Source Vendor, Address, Telephone Number, Fax Number, Contact Name:

Please check section as appropriate:

___ Research and analysis has determined that equipment or service is available from only one vendor or manufacturer and is the only product that will meet our center's needs.

___ Item specifically required by grant or contract provisions.

___ Utility, fixed rent, or government/state/municipal/agency mandated services.

___ Emergency repair services or parts replacement.

___ Compatibility with existing university systems or equipment is required.

___ Other. *Please explain:* _____

Department Name: _____

Department Approval: _____
