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
☐ Other:

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:_____ _____ _____ _____
(if different than the Approver) Date Email Ext.

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

Concurrence:_____ _____
Buyer Date