This form must be completed and attached to your requisition for any Sole Source purchase costing over $5,000.00.

Department: _______________________________
Date: _________________________________
Requisition Number: _______________________
Vendor Name: _____________________________
Vendor Address: ____________________________
Amount of Requisition: $ ______________________

1. Why is no other product or service suitable to fit this need?

2. Why is no other contractor/vendor suitable or acceptable for this procurement?

3. What would the result be if this product or service is not obtained or becomes unavailable?
4. Is the price fair and reasonable?

5. If yes, how was determination made in regard to fairness of price?

6. Additional information or clarification?

Signatures Required for Approval *(Unsigned forms will not be processed)*:

______________________________  __________________
Department Head  Date

______________________________  __________________
Procurement Officer  Date

______________________________  __________________
Agency Head/Designee  (Over $25,000)  Date