

research or function for which it will be used. (This detailed description must be submitted with this sole source request, or the request cannot be processed.)

_____A letter from the vendor or manufacturer stating they are the sole source from which to purchase this product is at ~~so~~ed. (If the manufacturer is submitting this letter, it must state they do not sell this product through distributors or dealers). A sole source purchase of this type cannot be processed without this letter.

REQUEST FOR
SINGLE SOURCE JUSTIFICATION

Requestor: _____ Date: _____

Department: _____ Phone Number: _____

Campus Address:

Model / Catalog No.

Amount:

\$ _____

The requested product is a similar component to existing equipment, an integral repair part, or accessory compatible with existing equipment, systems, furniture, etc.

A. Existing equipment, system, or furniture, etc. (include USI asset tag number):

Manufacturer:

Model/Serial No.

Dollar Value:

B. Requested Equipment, system, furniture part:

Manufacturer:

Model/Serial No.

Dollar Value:

The requested product is essential in maintaining experimental continuity. Provide a thorough explanation in the "Explain in Detail" section of this form.

Check all that apply to your purchase request:

_____ Requested product / equipment / system / furniture is being used in continuing experiments.

_____ Other investigators have used this product in similar research, and I require it for comparability of results.

_____I have standardized on the use of the requested product/ equipment, etc.; use of another would jeopardize the validity of results.

The requested product/equipment has unique design / performance specifications which are essential to my research protocol or other needs and are not available in comparable products. (Complete both A & B of this section.)

A. The Unique design / performance specifications are:

B. I have evaluated the products of two other suppliers/manufacturers and found them to be unacceptable because they lack one or more of the specifications listed above.

1. Vendor:

YOUR SOURCE JUSTIFICATION REQUEST WILL NOT BE APPROVED WITHOUT THE REQUIRED SIGNATURES BELOW:

I certify the above information is true and correct and that I have no financial or other beneficial interest in the specified vendor.

Requestor Date

Financial Manager Date
