

**Justification of Sole Source Purchase
QUESTIONNAIRE**

Date	Requisition #
From:	Department

This questionnaire has been designed by the Purchasing Department to assist you in relating information necessary to the processing of requisitions on a sole source basis. Your cooperation in answering the questions listed below will assist in handling your order expeditiously.

1) Is this item required for use in: <input type="checkbox"/> Research <input type="checkbox"/> Classroom <input type="checkbox"/> Lab <input type="checkbox"/> Other (Explain)→			
2) What features or functions are proprietary to this item? How are these dimensions or performance characteristics essential to the accomplishment of your work?			
3) List any company other than your suggested source who manufactures a similar item or manufactures an item with similar functions. (List name, address, phone number, and contact).			
Name	Address	Phone	Contact
4) Why aren't these competing products satisfactory?			
5) Will the item be used with existing equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" As a repair/replacement part? As a component to be interfaced with the existing equipment (give brand and model number of existing equipment) _____			
As an accessory or option To match existing equipment For reasons of interchangeability			
Will installation be required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will fabrication be required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6) Give any additional information you feel may aid the Buyer in processing this requisition: (attach additional pages if more space is needed)			

DEPARTMENTAL APPROVALS		Preparer	Phone No.
Sponsoring Department Authorizing Signature	Date	Department Chairperson Authorizing Signature (required over \$25,000)	
PURCHASING APPROVALS		Purchasing Manager	Date
Buyer	Date	Asst. Director, Business Services	Date