



NONCOMPETITIVE PURCHASE REQUEST FORM

TO: Purchasing

DATE:

FROM: Department/ Division:

PO #: or DIRECT PAYMENT: YES NO or P-CARD: YES NO

We request approval for a noncompetitive purchase for the purchase of the subject item(s) Describe Goods or Service(s) here:

Select One:

- 1) One Time Purchase -> Estimated Cost:
2) Annual Commodity Purchase -> Estimated Annual Cost:
3) Item may be purchased again -> Indicate Term*: Estimated Annual Cost:

*Term Example: 2 years, indefinite, etc. Long term requests must be reevaluated periodically by department.

Check appropriate justification(s). Provide DETAILED explanation(s) below.

- 1. Sole Source - The below signed searched the market and verified that no comparable item/service is available.
2. Single Source - Although comparable items/services are available, THIS is the only brand/model that will work.
3. Item(s) is (are) the only acceptable replacement part(s) available for (identify)
4. Continuity of design is overriding consideration (ex: furniture, laboratory equipment, etc.)
5. Safety:
6. Other:

JUSTIFICATION: Supply sufficient detail to justify waiving competitive bidding. Failure to do so may result in delays while information is obtained. Purchasing will determine the appropriateness of waiving the bid process on a case by case basis. See PPP #4 for guidelines.

Requestor: Date:
Department Head: Date:
Director of Inst. Support: Date: