

**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 re-evaluated 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 items/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 waiting the bid process on a case-by-case basis. See PPP#4 for guidelines.

………………………………………………………………………………………………………………………………………………………………....

Requestor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Department Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Purchasing Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: