



DATE: _____ **REQUISITION NO:** _____ **DEPARTMENT:** _____

CONTACT: _____

(Individual best able to answer questions with regard to the product and/or service)

PHONE: _____ **EMAIL:** _____

University Purchasing must review and approve the purchase order prior to the goods being shipped or the services being provided. University Purchasing may require additional information and/or may determine that bidding is required.

A quote must accompany the Sole Source Justification Form. Sole source justifications will expire twelve (12) months after the original purchase date.

I am aware that that §41-16-20 of the State of Alabama Bid Law and federal requirements of the Office of Management Budget mandates that the University procure all material, equipment, services and supplies totaling \$15,000.00 or more via competitive bid; however, this serves as a request for sole source approval based on the information to follow.

PREFERRED VENDOR: _____

CONTACT NAME: _____

PHONE: _____ **EMAIL:** _____

Provide a description of the product or service.

Describe the intended use of the product or service

Purchase Price:

SOURCE SELECTION and SUPPORT

- UNIQUE DESIGN** – Product(s) meets extraordinary physical design or quality specifications

- B. Briefly explain how this purchase meets one or more of the above criteria for a valid sole source request. Attach additional sheets as required. (**Note:** price cannot be a factor for justification). (Must be completed for **all** source selections **except** REPAIRS/MAINTENANCE)

[illegible]

- C. If this product or a compatible product was purchased in the past, provide the following: (*Must be completed if selecting: COMPATIBILITY, REPLACEMENT PART/UPGRADE, REPAIRS/MAINTENANCE SERVICE*)

Purchase Order Number: _____ **UAB Property Number:** _____

- D. (*Must be completed if selecting: UNIQUE DESIGN*)

- a. List the important features or specific performance specifications/parameters that make this product or service unique or proprietary. Specify why these unique features are indispensable to your research or operation.

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- b. Provide the following information as it relates to two other supplier/manufacturers offering the same or similar product(s) or service(s). Please provide quote for evaluated products.

Vendor	
Vendor Contact Name	
Vendor Contact Email	
Model/Catalog Number	
Technical Deficiencies	

Vendor	
Vendor Contact Name	
Vendor Contact Email	
Model/Catalog Number	
Technical Deficiencies	

ALL departmental signatures are required prior to review.

I certify that the above justification is accurate and complete to the best of my knowledge. I have no financial or other beneficial interest in the proposed vendor.

_____ PI/Responsible Person (print)	_____ PI/Responsible Person (signature)	_____ Date
_____ Department Head (print)	_____ Department Head (signature)	_____ Date
_____ Buyer (print)	_____ Buyer (signature)	_____ Date
_____ University Purchasing Manager		