

SOLE/SINGLE SOURCE JUSTIFICATION FORM – GOODS AND SERVICES

Controller's Office | Purchasing



A Sole/Single Justification may be made when there is clearly and legitimately a single source of supply.
 Users must be familiar with the University [Business Policies and Procedures](#) found on the Controller's Office website.

Vendor Name _____

Vendor ID _____

Requisition # _____

Date of Request _____

Complete Option 1 or Option 2

Option 1
<p>Sole Source defined: only one person or company can provide goods or services needed.</p> <p><u>All fields must be complete</u> to be considered a valid Sole Source. Price alone, general statements (be specific), and repeating information on justification form will not be accepted as validation for purchase.</p> <p><input type="checkbox"/> Summarize unique requirements or specific challenge(s) preventing multiple bids against this purchase (i.e., requirements, functions, features, etc.):</p> <p><input type="checkbox"/> List alternative brand(s) or vendor(s) contacted, considered, and/or researched that weren't suitable and briefly explain why.</p> <p style="text-align: center;">Minimum of 3 vendors:</p> <p>Vendor 1: _____</p> <p>Vendor 2: _____</p> <p>Vendor 3: _____</p>

Option 2
<p>Single Source defined: purchase of goods or services in which an alternative may be available, but may not be feasible, practical or cost-effective to seek competitive bids.</p> <p><u>Check all boxes</u> that apply (attach any additional documentation as needed):</p> <p><input type="checkbox"/> Collaborative agreements/research with (briefly explain):</p> <p><input type="checkbox"/> Continuity of research. Prior PO#: _____</p> <p><input type="checkbox"/> Service/maintenance. Prior PO#: _____</p> <p style="padding-left: 40px;"><input type="checkbox"/> Add new coverage</p> <p><input type="checkbox"/> Match existing equipment/software/furniture:</p> <p style="padding-left: 20px;">Asset Tag # (if applicable): _____ Serial #: _____</p> <p style="padding-left: 40px;"><input type="checkbox"/> Original equipment/furniture manufacturer (OEM)</p> <p style="padding-left: 40px;"><input type="checkbox"/> As a replacement part</p> <p style="padding-left: 40px;"><input type="checkbox"/> Component to be interfaced with equipment/software</p> <p style="padding-left: 40px;"><input type="checkbox"/> For interchangeability</p> <p style="padding-left: 40px;"><input type="checkbox"/> Consumable used with equipment</p> <p style="padding-left: 40px;"><input type="checkbox"/> Repair/service (sole OEM authorized)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Equipment/software upgrade</p> <p><input type="checkbox"/> Government mandates</p> <p><input type="checkbox"/> Other (provide explanation below)</p> <p>Additional Comments:</p>

I certify that statements and information provided herein are complete and correct to the best of my knowledge. I understand this form supplements and does not replace University Business Policies and Procedures relating to this purchase.

Requestor's name (printed) _____

Requestor's Signature _____

Phone _____

Date _____

Attach this form, and any additional backup information, to requisition form. Submit approved requisition form to Purchasing.
 Questions? Contact Purchasing at purchasing@lists.pacific.edu or fax (209)946.7363.