



PURCHASING SERVICES

Request for Waiver of Competitive Bidding

Please call the Purchasing Department at 47279 if you have questions.

The following justification is required for all proposed single source acquisitions exceeding \$10,000.00.

Requisition no. _____. Although not required for lesser value purchases, the requested detail will support and facilitate other unique requirements. This procedure neither authorizes nor recognizes the informal collections of unsolicited quotations as a valid basis for approval. This form can be electronically expanded to include your answer following each question.

1. Indicate the proposed product/service:

a) Description, model no.:

b) Price:

c) Vendor name:

Address:

Contact name:

Phone:

Cell:

Fax:

Email:

2. Describe the essential measurable features necessary to meet your minimum requirements and the criteria for your request. Why should this product/service be restricted to a single source (i.e. compatibility, proprietary features, and/or other unique qualifications)? This explanation must address what you are trying to do, and how does the requested equipment do it better than another comparable unit. If no comparable equipment exists, explain how you know. Be specific on the required specification criteria.

3. If other products have been evaluated and deemed unsuitable, please indicate vendor, item and your rationale for exclusion. You must attach any relevant contact information, correspondence or price quotations/bids you have received concerning other products/services considered.

4. If no other products have been evaluated, please note how reasonableness of price was established.

5. Will this purchase obligate the University to this vendor for future purchases, for example maintenance, licensing or continuing need? Provide details.

I certify the facts and information provided are complete and accurate to the best of my knowledge and belief and, further, I have no financial interest or conflict of interest with the cited vendor. *

Printed Name: _____ Dept. _____ Phone: _____ Email: _____

Original Signature**: _____ Date: _____

Purchasing Signature _____ Date: _____

*The Department individual signing this document must be the requestor. The accuracy of the facts presented above may be requested and additional information, if necessary.

**Original signatures are required, unless sending this document as a OnePurdue attachment for electronic routing approvals.

REQUESTED INFORMATION MUST BE COMPLETE FOR AUDIT RETENTION. IF THIS FORM IS NOT COMPLETED, IT WILL BE RETURNED AND THE ORDER PROCESS MAY BE DELAYED.