

**400 Magnolia Street**



**Orangeburg, SC 29115**

Office of Procurement Services

**Single/Sole Source Justification Form**

This form must accompany the Purchase Requisition whenever a sole source purchase is being requested. Please use for general equipment and service requisitions with a value greater than

$10,000.00 (for all funds). Completing this form does not guarantee that the proposed supplier

will be selected. The Office of Procurement Services may require additional information.

**Note: It is the requestor’s responsibility to provide all the required information and documentation indicated on this form.**

**GENERAL INFORMATION**

Date of Request:

Requisition #:

Department Name:

Department Budget #:

**REQUESTOR’S CONTACT INFORMATION:**

Name**:**

Campus Phone: Campus Fax:

Email Address:

**VENDOR INFORMATION:**

Vendor Name:

Address:

Phone: Fax:

Email or Website:

***Created April 22, 2010 (Revised 6/22/2011)***

**SINGLE/SOLE SOURCE EXPLANATION**

Select one or more of the following statements to support why the requisition attached or noted above should be a single/sole source purchase.

1. Items sold through manufacturer only; no other comparative unit available.

2. Used or demonstration equipment available at a lower-than-new cost.

3. Must match existing piece of equipment. Available only from the same source original equipment was purchased.

4. Upgrade to existing software.

5. The requested product is one with which I and/or my staff have specialized training/extensive expertise and retraining would incur substantial cost in time/ money.

6. Service(s) provided by the supplier are unique and therefore competitive bids are

not applicable.

7. Other reason.

Explain selected reason: (Required for all items checked above)

**CERTIFICATION**

*I certify to the best of my knowledge that I have investigated and found that the above reasons and explanations justify this requisition as a single/sole source purchase, and that price reasonableness is adequately confirmed.*

Signature: Date: / /

Name: Title:

Phone: ( ) Email:

**APPROVAL(S): Please sign and date.**

***Note: The V. P. of Fiscal Affairs and President Signatures are required for requests greater than $50,000.***

***Appropriate Vice President Purchasing Department***

***Vice President of Fiscal Affairs President***