

THE UNIVERSITY OF SOUTHERN INDIANA
SOLE SOURCE OR SINGLE SOURCE REQUEST FORM
JUSTIFICATION REQUIREMENTS

In accordance with university policy, any requisition totaling \$25,000 or more that has not been competitively bid, must be accompanied by a sole source or single source justification form. All sole source/single source transactions are subject to review and audit by internal audit, state examiners and other governing agencies.

Single sourcing is choosing to use only one supplier when multiple suppliers exist, whereas sole sourcing occurs when only one supplier for a product or commodity is available.

A sole source/single source purchase must be based on the requestor's investigation and evaluation of the requested products and its availability (or lack of availability) from multiple sources. The sole source/single source justification form must be completed and signed by the requestor and the appropriate financial manager. Signatures initialed by designees will not be accepted.

Approximately three business days are required to evaluate and process a sole source/single source request. Please consider this when submitting a request, and allow sufficient time prior to deadlines (quote expiration, grant expiration, etc.) for the sole source / single source request to be evaluated. It is also important to allow sufficient time for the bid process should the sole source / single source status not be granted.

**UNIVERSITY OF SOUTHERN INDIANA
PROCUREMENT SERVICES**

**REQUEST FOR
SOLE SOURCE JUSTIFICATION**

Requestor: _____ **Date:** _____
Department: _____ **Phone Number:** _____
Campus Address: _____ **Fax Number:** _____
Vendor: _____ **Amount: \$** _____

I am aware that purchasing policies of the University of Southern Indiana mandate that the University procure all materials, equipment, services, and supplies totaling \$25,000 or more via competitive bid. However, I am requesting sourcing status for the purchase described below based on the following criteria. (Attach additional sheets as necessary.)

I have determined through market research and /or discussions with other individuals using this product that the requested product is the only one of its type and functionality and is only available from the vendor (or manufacturer) indicated below:

Vendor:

Address:

Manufacturer:

Model /Catalog No.

Amount:

_____ **I have prepared and attached a detailed description of the product requested and the unique functionality (or features) it possesses that are required for the type of**

research or function for which it will be used. (This detailed description must be submitted with this sole source request, or the request cannot be processed.)

_____A letter from the vendor or manufacturer stating they are the sole source from which to purchase this product is attached. (If the manufacturer is submitting this letter, it must state they do not sell this product through distributors or dealers). A sole source purchase of this type cannot be processed without this letter.

Model / Catalog No.

Amount:

\$

- The requested product is a similar component to existing equipment, an integral repair part, or accessory compatible with existing equipment, systems, furniture, etc.

A. Existing equipment, system, or furniture, etc. (include USI asset tag number):

Manufacturer:

Model/Serial No.

Dollar Value:

B. Requested Equipment, system, furniture part:

Manufacturer:

Model/Serial No.

Dollar Value:

- The requested product is essential in maintaining experimental continuity. Provide a thorough explanation in the "Explain in Detail" section of this form.

Check all that apply to your purchase request:

_____ Requested product / equipment / system / furniture is being used in continuing experiments.

_____ Other investigators have used this product in similar research, and I require it for comparability of results.

_____ I have standardized on the use of the requested product/ equipment, etc.; use of another would jeopardize the validity of results.

- The requested product/equipment has unique design / performance specifications which are essential to my research protocol or other needs and are not available in comparable products. (Complete both A & B of this section.)

A. The Unique design / performance specifications are:

- B. I have evaluated the products of two other suppliers/manufacturers and found them to be unacceptable because they lack one or more of the specifications listed above.**

1. Vendor:

_____ **Model / Catalog No.**

_____ **Vendor Contact / Phone No. /Email:**

_____ **Technical Deficiencies:**

2. Vendor:

_____ **Model / Catalog No.**

_____ **Vendor Contact / Phone No. /Email:**

_____ **Technical Deficiencies:**

YOUR SOURCE JUSTIFICATION REQUEST WILL NOT BE APPROVED WITHOUT THE REQUIRED SIGNATURES BELOW:

I certify the above information is true and correct and that I have no financial or other beneficial interest in the specified vendor.

Requestor **Date**

Financial Manager **Date**