

Sharyland ISD Purchase Justification/Approval Form

Form to be completed by SISD Employee

REQUISITION # _____

Complete this form when only one source is available for goods or services requested or when only one product will meet your needs. Respond to all questions that apply. The District requires that we obtain three bids/quotes when possible. Please complete and forward to the Purchasing Department. If more space is needed, please attach additional page(s).

PURCHASE INFORMATION

1. Provide Estimated Price for this purchase.

2. Vendor Name

3. Provide Description of requested items or services and their purpose(s). Add additional sheet if needed.

4. Reason(s) for requesting a sole source purchase:

- Original manufacturer or provider; no other local distributors exist.
- Only local distributor for the original manufacturer or provider.
- Only known item or service matching the requested needs or performing the intended task.
- Sole provider of a licensed or patented good or service.
- Sole provider of items compatible with existing equipment, inventory, systems, programs or services.
- Sole provider or factory-authorized warranty service
- Software License Renewal

5. Explain why the product or service requested is the only one that can satisfy your requirements.

6. Two awarded vendors in addition to the one you are recommending need to be contacted. Explain why the awarded vendors are unacceptable. Be specific with regard to specifications.

I certify that the above statements are true and correct, and that no other material fact or consideration offered or given has influenced this recommendation for a sole-source or proprietary purchase.

Print/Type Name

Print/Type Title

Department

Signature

Date

Telephone Number

PURCHASING USE ONLY

Reviewed by: _____

Date: _____

Approved by: _____

Date: _____

FYTD _____