

Special Purchases

The following justification is required for all proposed special acquisitions exceeding \$10,000.00. This procedure neither authorizes nor recognizes the informal collections of unsolicited quotations as a valid basis for approval. **Purdue's existing contracts and vendors should be utilized whenever possible.** This form can be expanded to include your answers in the highlighted areas. Please contact the Procurement Services Department at pshelpdesk@purdue.edu, if you have questions.

1. Indicate the proposed product/service being requested (brief description/model #):

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2. Indicate the proposed vendor name and contact information:

Vendor Name	
Vendor Address	
Vendor Contact Name	
Phone/Cell #	
Fax #	
Email Address	

3. Indicate the total cost for the proposed product/service being requested. If this purchase will have a recurring annual cost to the University, please indicate the per year price below:

Year 1: \$	
Year 2: \$	
Year 3: \$	
Other Cost: \$	
Total Cost: \$	

4. Indicate the account number(s) to be used for the proposed purchase:

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Listed below are some conditions where a single/sole source may be justified. Please check those appropriate.

- Emergency Conditions:** When there exists, under emergency conditions, a threat to public health, welfare, or safety.
- Compatibility of equipment, accessories, or replacement parts:** (1) Compatibility of equipment, accessories, or replacement parts is a substantial consideration in the purchase; and (2) only one (1) source meets the university's reasonable requirements.
- Data Processing contract or license agreements:** Purchase of data processing contracts or license agreements for: software programs: or supplies or services, when only one (1) source meets the universities reasonable requirements.
- Savings to the University:** When there exists a unique opportunity to obtain supplies or services at a substantial savings, as determined by Procurement Services, to the University.
- Unique Product/Services:** Products/services with unique/proprietary features limited to one (1) source and where no comparable product/service exists.

5. Provide details to justify your reason for single/sole source based on conditions above.

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6. If other products or services have been evaluated and deemed unsuitable, please indicate vendor, item/service and your rationale for exclusion. **Attach** any relevant correspondence and/or price quotes for other products/services considered. If no other products/services have been evaluated, please note how reasonableness of price was determined.

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[Empty yellow box]

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

[Empty yellow box]

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. *

Requester:

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

Signature: _____ Date: _____

Department Approval:

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

Signature: _____ Date: _____

*The individuals signing this document must be the requestor and a person with departmental authority. The accuracy of the facts presented above may be requested and additional information, if necessary.

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