**SOLE SOURCE PURCHASE DATA SHEET**

**Date: PR No.: Requestor: Phone No.:**

**Department/Division:**

**Item Description:**

**Requesting Department's Suggested Vendor:**

**Vendor's Address:**

**Vendor's Telephone No.: Point of Contact:**

**Sole Source Justification:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Requesting Department Director Signature Date**

**------------------------------------------------------------------------------------------------------------**

**REVIEW BY PURCHASING DEPARTMENT**

**VERIFY IF OTHER SOURCES OF SUPPLY MEETS THIS NEED**

|  |  |  |
| --- | --- | --- |
| **Vendor #1 Contact:** |  **Phone No.:** |  |
| **Vendor #2 Contact:** |  **Phone No.:** |  |
| **Vendor #3 Contact:** |  **Phone No.:** |  |

**Buyer Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Buyer Who Reviewed Date**

**Purchasing Services Coordinator Comments:**

**Purchasing Services Coordinator Signature Date**

**------------------------------------------------------------------------------------------------------------**

**PURCHASING MANUAL - SOLE SOURCE DETERMINATION**

**Comments:**

**Approve: Disapprove:**

**Amount of Purchase: Date:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purchasing Director Signature Date**