



CASE WESTERN RESERVE UNIVERSITY

Single/Sole Source Justification Form

Use for all purchases of \$10,000 or more when low bidder has not been selected

Refer to the bids and quotations policy at:

<http://www.cwru.edu/finadmin/matsupp/purchman/bid.html>

Brief Description of Purchase: _____

Selected Vendor: _____

Check boxes as appropriate:

(SECTION I) SOURCE JUSTIFICATION

Part A

Award to SINGLE SOURCE. (*Check one*)

Reorder based on previous bid or analysis (within one year). Send copy of previous quote. Supply previous purchase order number _____ PO Date _____.

Repair services or parts unavailable from any other source except original equipment manufacturer or their designated servicing dealer.

Compatibility of equipment or supplies required. List equipment with which purchase will be used: Model # _____ Serial Number _____.

Upgrade to existing software. Available only from the producer of this software who sells on direct basis only.

Used or demonstration equipment available at a lower-than-new cost. (Provide copy of quote showing used vs. new pricing.)

Exemptions. (See <http://www.cwru.edu/finadmin/matsupp/purchman/bid.html>)

Other. (*Explain in Section III*)

PART B

Award to SOLE SOURCE (*Check box below*)

Only known source in the world. (*Explain technical or other reasons why similar or like items are not available for cost/price analysis in Section III.*)

SECTION II) ESTABLISHMENT OF PRICE REASONABLENESS

Analysis of offer /and or offers has determined that the price proposed is determined to be fair, reasonable and in the best interests of the University based on the following:

Price obtained was from a catalog or standard price list regularly maintained by the vendor covering standard commercial products sold . (Attach copy of vendor's price list)

Price obtained includes a discount from current list prices. (Attach copy of quote showing list price and net price paid.)

Other. (*Explain Below*)

(SECTION III) EXPLANATION :

(Use additional sheet if needed)

SECTION IV AUTHORIZATION/APPROVALS

Department _____

Requisition/Order Number _____

Authorized Signature _____

Contact Phone Number _____

Printed Name _____

Contact E-mail Address _____

Purchasing Authorization :

Signature _____ Date _____