



Please use the sole source justification form for purchasing any equipment over \$5000.00 and/or on a fund 30 regardless of where the equipment is being purchased.

Purchaser Name:

Department Approval:

Speedtype:

Amount: \$

SPA Approval:

Supplier:

Item Information: (name, catalog number, brief description of product)

Needs Statement: Describe in detail the good or service to be procured and how it meets your needs.

Features Requirement: List the major features/capabilities that are required. What unique design/performance features does this good or provider of the service have that are essential to your requirements? Provide a brief technical explanation as to why these features are essential.

Other Vendors Contacted/Buf Surplus: Did you consider other goods or providers of services with similar capabilities? Indicate specific brands/models of competitors' products that were investigated. List contact information of company representatives talked to. Have you checked with Buf Surplus?