

# SOLE SOURCE JUSTIFICATION

## *University Enterprises*

## *Corporation*

5500 University Parkway. San Bernardino, CA 92407  
Main (909) 537-5918 Fax (909) 537-7036

### **INSTRUCTIONS:**

All purchases must comply with University Enterprises Corporation purchasing procedures. These purchasing procedures have been implemented to meet project purchasing needs and satisfy the requirements of federal, state, and independent auditors. A sole source/brand request cannot be considered unless it clearly demonstrates that no other comparable products or sources can meet the University's functional needs. Brand preference and time constraints may not be used as reasons for bypassing normal purchasing procedures.

A written justification is required when a non-competitive purchase request is made, and the specifications limit bidding to a single source and/or brand. If the justification form is not sufficient, the requisition will be returned to the ordering department for additional information. The sole source purchase is not approved until all required signatures have been obtained

### **PLEASE COMPLETE THE FOLLOWING:**

Request justification for:

- Sole Source: Item is available from one vendor, one-of-a-kind & not sold through distributors, or vendor is the sole distributor.
- Sole Brand: Vendor is the only company authorized to sell the specified brand.

**Amount:** \_\_\_\_\_

**Requisition number:** \_\_\_\_\_

**Dept:** \_\_\_\_\_

**Vendor:** \_\_\_\_\_

**Item/Svc:** \_\_\_\_\_

**Date:** \_\_\_\_\_

1. What are the unique performance factors that are not available in any other product or brand?

2. Why is the item needed?

3. How would your program be inhibited without this particular brand or item?

4. What have you examined and rejected? Why?

**CERTIFICATION:**

I hereby certify the validity of the information & feel confident that this justification for sole source/brand meets the Auxiliary's purchasing procedures, which satisfy the requirements of federal, state, & independent auditors.

Requestor: \_\_\_\_\_ Title: \_\_\_\_\_  
(Project Director) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**UEC CORPORATE APPROVAL:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_