

## 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](mailto: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: \$
<b>Total Cost: \$</b>

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.

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

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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**