Complete this form when only one source is available for goods or services requested or when only one product will meet your needs. Respond to all questions that apply. The State requires we obtain a minimum of three bids whenever possible.

Requisitions No.: ______________________

Suggested Source: ______________________

Product/Service Description: __________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Estimated Price: ______________________

Explain the need for this product/service: ______________________________________________
________________________________________________________________________________
________________________________________________________________________________

Will it interface with existing equipment: Yes     No
If yes, explain what equipment and how it will work together: _____________________________
________________________________________________________________________________
________________________________________________________________________________

Explain which part of this product/service restricts this purchase to one provider: _________
________________________________________________________________________________
________________________________________________________________________________

Explain why another brand or product will not meet your needs: __________________________
________________________________________________________________________________
________________________________________________________________________________

Is the requested product being used in existing departmental functions: Yes     No
If yes, explain: ____________________________
________________________________________________________________________________
________________________________________________________________________________

Additional information pertinent to justifying the purchase: ________________________________
________________________________________________________________________________
________________________________________________________________________________

Have you researched the market to determine if another product will meet your needs: Yes     No

Department __________________________ Signature/Title __________________________

Date __________________________