



SOLE SOURCE

SINGLE SOURCE

Fully completed forms must be submitted to and approved by Purchasing before a PO or Contract may be issued. The form needs to have been fully completed by requesting department and approved by Purchasing prior to seeking Council authorization for waiving competitive bidding on the grounds of sole/single sourcing.

VENDOR INFORMATION

Vendor Name: _____

Address: _____

Contact Name: _____

Title: _____

Phone Number: _____

E-mail: _____

PRODUCT / SERVICE REQUESTED

Manufacturer Name: _____

Manufacturer Part Number (if applicable): _____

Description of Services (if applicable): _____

Justification for Selection of Vendor: _____

Estimated Price: \$ _____

Requires Council Approval? Yes No

APPROVED BY

Department Head Signature: _____ Approval Date: _____

PURCHASING DIVISION ACTION

Approved

Denied

By: _____

Date: _____

Reason: _____