

University Purchasing Sole Source Justification

RESET FORM

ADDITIONAL INFORMATION

DATE:	REQUISITION NO:	DEPARTMENT:		
CONTACT:				
(Indi	vidual best able to answer questions with	regard to the product and/or service)		
PHONE:		EMAIL:		
•	provided. University Purchasing m	he purchase order prior to the goods being shipped or the ay require additional information and/or may determine that		
•	accompany the Sole Source Justific ne original purchase date.	ration Form. Sole source justifications will expire twelve (12)		
expenditure of	\$75,000 or more must be awarde this Sole Source Justification serve	t to Article 5 of Chapter 4 of Title 41, Code of Alabama, with an od by competitive sealed bid unless otherwise authorized by as as a request for sole source approval based on the		
PREFERRED VE	NDOR:			
CONTACT NAM	1E:			
PHONE:		EMAIL:		
Provide a description of the product or service.				
Describe the in	tended use of the product or serv	vice		
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Manufacturer:	Model No:		
Purchase Price:			
Is the product new or refurbished?			
If REFURBISHED, what is the cost of product p	urchased new?		
Is the preferred vendor the manufacturer of the produ	ct?	YES	NO
Is the product sold through a distributor?		YES	NO
Is the product being purchased in accordance with a gr	ant, contract or		
funding agency requirement?		YES	NO
If YES, attach a copy of the award or letter.			
SOURCE SELECTION and SUPPORT			
A. Select one or more of the following statements that COMPATIBILITY – Product(s) matches existing b		•	
REPAIRS/MAINTENANCE SERVICE – Service is u equipment manufacturer or the manufacturer's	•	•	n of the
REPLACEMENT PART/UPGRADE – Product(s) is equipment	a replacement/upgrade for	a specific bra	nd of existing
RESEARCH CONTINUITY/STANDARDIZATION – continuity based on personal experience and/or research endeavors; introduction of a different evaluation	information from investiga	ators engaged	in similar
UNIQUE DESIGN – Product(s) meets extraordina	ary physical design or qualit	y specification	าร
B. Briefly explain how this purchase meets one or more Attach additional sheets as required. (Note: price confor all source selections except REPAIRS/MAINTENA	nnot be a factor for justifica		•

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C.	C. If this product or a compatible product was purchased in the past, provide the following: (Must be completed if selecting: COMPATIBILTY, REPLACEMENT PART/UPGRADE, REPAIRS/MAINTENANCE SERVICE)							
Pui	rchase Order Number:	UAB Property Number:						
D.	D. (Must be completed if selecting: UNIQUE DESIGN) a. List the important features or specific performance specifications/parameters that make this							
	product or service unique or proprietary. Specify why these unique features are indispensable to your research or operation.							
	_	information as it relates to two other supplier/manufacturers offering oduct(s) or service(s). Please provide quote for evaluated products.						
V	endor							
Ve	endor Contact Name							
V	endor Contact Email							
M	Iodel/Catalog Number							
Te	echnical Deficiencies							
	endor							
	endor Contact Name							
	endor Contact Email							
	lodel/Catalog Number echnical Deficiencies							
	semilear periodicines							

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ALL departmental signatures are required prior to review.

I certify that the above justification is ac or other beneficial interest in the propo	curate and complete to the best of my knowledge sed vendor.	. I have no financial
PI/Responsible Person (print)	PI/Responsible Person (signature)	Date
Department Head (print)	Department Head (signature)	 Date
Buyer (print)	Buyer (signature)	Date
University Purchasing Manager		-

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