

**University of Massachusetts Medical School
Justification Form
No Bid, Sole Source/Brand for Goods**

Vendor Name:		Requisition Date:	
Requisition #:		Requisition Amount:	
Requestor Name:			

Purchase is (check one or more, as applicable): Sole Source Sole Acceptable Source/Brand

Complete fields below to justify sole source.

Description of Need
Process Used for Vendor Selection (Explain in detail why the items being procured cannot be bid competitively).
List of Other Vendors Considered
Reason for Selection of Sole Source Vendor
Steps Taken to Assure that Vendor's Rates are Cost Competitive

I, the Requestor, Certify under the penalties of perjury that the above statements are true and precise and that I have no financial or other beneficial interest in the vendor.

Requestor	Date	Immediate Supervisor	Date
Director of Purchasing	Date		