New Mexico State University
Procurement Services and Risk Management

Sole Source Justification

ROUTING
PRSM, MSC 3890
purchasing@nmsu.edu
Phone 646-2916
Fax 646-1351

Use this form for Purchases exceeding $20,000 for goods, $60,000 for professional services. Please print.
Please attach vendor quote/proposal.

SECTION 1: REQUESTOR INFORMATION

Requestor Name: _____ Requisition: _____

Department: _____ E-mail Address: _____ Phone: _____

SECTION 2: REQUEST DETAILS

Please check applicable blocks:

☐ Sole Vendor ☐ Sole Brand ☐ Product ☐ Service

Proposed Vendor: _____ Dollar Amount: $ _____

Address: _____ Term: _____

Listing of Services or Items to be Purchased: _____

What exception(s) describes the reasoning for this purchase, thus eliminating competition?
Please check applicable blocks.

☐ Compatability of existing equipment or supplies; give details and include manufacturer and model number of existing equipment below. (Explain below.)

☐ Item specifically required for use in conjunction with grant or contract. (Attach applicable page grant or contract page and provide justification of why it is required for grant/contract and why other substitutes are not accepted.)

☐ Requirement is of a proprietary/copyright/licensing nature. (Explain below.)

☐ The requested product has unique design/performance specifications or quality requirements which are essential to my work needs or research/teaching needs and are not available in comparable products. (Explain unique feature/characteristic below.)

☐ NMSU has specialized training and/or extensive experience; retraining would incur substantial cost in money/time. (Explain below.)

☐ The requested product is essential in maintaining/continuing experiments. (Explain below; provide purchase order numbers.)

☐ Vendor is the sole manufacturer and sole distributor. (Attach applicable documents.)

☐ Renewal of support / maintenance / subscription of software, technology, or other intellectual property. (Explain below.)

☐ Other (Explain below.)

Explanation:

SECTION 3: REQUESTOR APPROVAL

Printed Name: _____ Signature: _____ Date: _____

Reset