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**SOLE SOURCE JUSTIFICATION FORM**

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Department: \_\_\_\_\_ Date: \_\_\_\_\_  
 Department Head: \_\_\_\_\_ Requisition Number: \_\_\_\_\_

1. State relevance of purchase to your mission, purpose, research or study:	
2. Identify item(s) or service(s) to be approved for sole source treatment:	
3. Name of manufacturer of item(s) or service (s) provider (if applicable):	
4. Name of single source supplier:	Supplier ID#:
Mailing Address:	
Phone Number:	Fax Number:
Web Site Address (if available):	
5. Will the supplier come onsite to install goods/perform service? <span style="float: right;">Yes <span style="margin-left: 100px;">No</span></span>	
6. Select Sole Source Type:	
a.	Patented Technology
	Explain how patent is related to research being conducted.
	Explain how research and patented technology are related.
b.	Continuity of Research
	Describe the specific good/service needed due to prior/ongoing research.
	Provide LSU property tag information (if applicable).
	Specify LSU Property location. LSU Building Name: _____ Room Number: _____



c.	Compatibility with Existing Goods/Services
	Describe how the specific good/service is compatible with existing good/service.
	Provide LSU property tag information (if applicable).
	Specify LSU Property location. LSU Building Name: _____ Room Number: _____
d.	Proprietary Technology
e.	Grant/State Requirement
<b>7. Requisition Attachments Checklist</b>	
<ul style="list-style-type: none"> <li>• LSU Quote Form</li> <li>• Sole Source Justification Form</li> <li>• Firm Price Quotation from sole source supplier. Quoted prices shall be firm for 30 days and inclusive of all costs including transportation. Quoted shipping terms must be FOB: LSU</li> <li>• Signed letter or email from the manufacturer, producer, service provider or rights holder confirming sole source</li> <li>• If <b>patented technology type</b>, supplier must provide US or Foreign Patent number and supporting information</li> <li>• If <b>compatibility with existing goods/services type</b>, supplier must confirm only their items (no other similar items from another supplier) will provide for compatibility with existing LSU property</li> <li>• If <b>proprietary technology type</b>, supplier must describe how they obtained rights in order to be deemed as the sole manufacturer and the sole supplier</li> <li>• If <b>grant/state requirement type</b>, department must provide grant/state document indicating the item or services <b>must</b> be purchased from sole source supplier. <i>Note a supplier quote used as an in the grant/state documentation for quoting purposes is not sufficient to support sole source approval.</i></li> </ul>	

I hereby declare the information provided herein to be true and accurate to the best of my knowledge. I understand any false or misleading information may be considered a violation and can subject me to prosecution and penalty under Louisiana Revised Statutes.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Type or print)

Title or Rank: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**ATTACH TO A REQUISITION AND ROUTE FOR COST CENTER MANAGER OR DESIGNEE FOR APPROVAL(S). NOTE: THE DEPARTMENT AUTHORITY'S REVIEW AND CONCURRENCE WITH THIS JUSTIFICATION, AND DECLARATION ATTESTED TO ABOVE, IS SERVED BY APPROVING THE REQUISITION.**