

## **Sole Source Justification**

Complete this form for purchases of goods and/or services (including PSC) exceeding the competitive threshold when a sole source is identified. Furnish all necessary details below and verify all information to ensure accuracy. Attach form and all remaining supporting documentation to a requisition as outlined in the <a href="Sole Source Procurements Procedure">Sole Source Procurements Procedure</a> for review and approval. Sole Source Justifications become a permanent record of the purchase audit file.

Requisition Number: RQ	<u> </u>
Supplier Information	
Supplier Name	
Supplier ID Number	
Supplier Contact Name	
Supplier Contact Phone Number	
Supplier Contact Email Address	
Supplier Web Site Address (if available)	
Product/Service Information	ation
Identify item(s) or service(s) to be approve	ved as sole source:
State relevance of purchase to your miss	sion, purpose, research or study:
Specify Manufacturer/Service Provider N	lame:
Will the Supplier come onsite to install good	ods/perform services?
form.  ☐ Patented Technology	complete the required fields. If additional information is needed, add as an attachment to this
	atent number and supporting information
Patent Number(s)	
Explain how the patent is related to rese	arch being conducted.



☐ Continuity of Resear  Department must provide thoro	ch or Prior Work  Igh justification to explain needs and why the competitive process cannot be followed.
Describe the specific good/service	needed due to prior/ongoing research/work.
	cisting Goods/Services items (no other similar items from another supplier) will provide for compatibility with existing LSU
Describe how the specific good/se	vice is compatible with existing good/service.
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Budgetary Justifications/Quotes must clearly state goods and/or	ment  State document indicating the item or services must be purchased from sole source supplier. Note:  in grant proposal are not sufficient items to indicate granting agency approval. Federal grant documen services will be noncompetitively purchased from a specified supplier.  State Grant Specify Grant Number:
Specify LSU Property	
LSU property tag information (if ap	licable)
LSU Location - Building Name	
LSU Location - Room Number	
	e information provided herein to be true and accurate to the best of my knowledge. I understand any fall asidered a violation and can subject me to prosecution and penalty under Louisiana Revised Statutes.
Requesting Department	<del></del>
Requester Name (Type or Print)	
Requester Title	
Requester Phone Number	
Requester Email Address	
Requester Signature	

Note: Department authority's review and concurrence with this justification, and declaration attested to above, is served by approving the requisition.