

SUNY Upstate Medical University
Procurement Record Reasonableness of Price & Vendor Selection

Please select the option(s) utilized for determining reasonableness of price (**section 1**) and vendor selection (**section 2**) for procurements valued at \$2,500 or more. A copy of this form is to be kept with the procurement record for audit purposes.

Purchase Order/Contract #: _____ **Vendor :** _____

1) Price quotes from other vendors: (List vendors, total quoted price and attach all quotes)

Cost vs. benefit in monetary terms: (Explain benefit)

Purchases made by other state agencies: (List other state agencies & cost)

Purchases made by similar facilities: (List facilities & cost)

Discount from List Price: (Attach documentation showing evidence of discount)

Single/Sole Source (Select One):

Sole Source

Single Source

Justification Attached

Other: (Explain method)

OGS pricing: (List NYS Contract #)

GPO: (List GPO and contract #)

Historical cost: (Provide prior year PO or contract #)

Cost comparison of similar projects: (Provide prior PO or contract #)

Attach statement from vendor documenting that such charges to the State are better, equal to or lower than charged to other government agencies.

2) Vendor justification: (Supplier qualifications, past performance, reliable delivery methods, financial stability, warranty, etc.)

Completed By: _____

Date: _____