

SINGLE/SOLE SOURCE FORM

THIS FORM IS TO BE SUBMITTED WITH ANY PURCHASE REQUISTION THAT EXCEEDS AN AGGREGATE VALUE OF \$5,000 WHERE COMPETITIVE BIDS HAVE NOT BEEN SOLICITED (OR ARE NOT AVAILABLE)

Vendor Name:	Department Name:
Please check the appropriate justif	ication(s) below which exempt formal competition:
 Standardization or compatible Personal or particular profes Additional products or service Particular product or service Items are subject to rapid properties Used, reconditioned, or den Emergency action is necess Other – please provide spect 	etition is not available. ited but no satisfactory offers have been received. bility is the overriding consideration. ssional services are required. ices are needed to complete an ongoing job or task. e is desired for educational, training, developmental, or research work. rice fluctuation or immediate acceptance. nonstration equipment available at lower-than-new cost.
Fair and/or reasonable price analysis: determine that the cost is reasonable)	(describe or attach any communication with other sources contacted or used to
Certification: I certify that the above st Upstate's Conflict of Interest Policy.	tatements are accurate and that this requested procurement does not violate
Signature:Principal Investigator/Car	mpus OM or Designee Date