**Request For Waiver of Competitive Bidding**

In accordance with University Policy, any sole source, or sole acceptable source/brand product or service in excess of $10,000, that is not covered by New York State Contract, or existing University contract or agreement (i.e. E&I contracts) must be accompanied by an original written quotation from the vendor and a written explanation/justification from the requestor.

The University procures goods & services competitively whenever practicable. The Director of Purchasing/Designee may waive competition and approve waiver requests when justified. **This form must accompany a requisition when seeking to purchase goods or services in excess of $10,000.** Check the applicable category and provide justification for your request. Remember to sign and date this form.

___ **SOLE SOURCE:** There is not another company that provides the required goods or services. Sole source requests must include a statement from supplier indicating their quoted price is certified to be equal to the pricing given to supplier's most favored customer or other governmental agencies.

___ **EMERGENCY:** The goods or services are needed to correct or prevent an emergency health, environmental or safety hazard; special or time sensitive events; and/or emergency repair or replacement of existing equipment essential for daily operations.

___ **ECONOMIC:** Use of another supplier would result in incompatibility with existing conditions; require considerable training, time and money to evaluate; the goods or services are being used in ongoing long-term projects; and/or the product/service offered is at a substantial discount below current market conditions and price structures (provide documentation detailing the cost benefits to the University).

**EXPLANATION/JUSTIFICATION:**

Department Name: ___________________________ Department Requisitioner: ___________________________

Date: ___________________________ Fund: ___________________________ Cost: ___________________________

Vendor: ___________________________ Initiator Signature: ___________________________

Recommend for approval (dept. chair or admin. head): ___________________________

Date: ___________________________

Recommended/Disapproved: (Director of Purchasing) ___________________________

Date: ___________________________

**PURCHASING USE ONLY**

The Director of Purchasing may authorize without competitive bidding the above item(s) or service(s):  

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