

Section 1: Requestor Information			
Workday ID		Name	
Campus Address		Dept.	
Email Address		Supervisor	

Section 2: Request Information					
Vendor:		Good/Service:			
P.O. No.:		Contract Amount:			
Payment Allocation					
Cost Center <i>Required.</i>	Program <i>Required.</i>	Fund <i>Required.</i>	Program <i>Required.</i>	Project/Grant/ Gift	Amount

Section 3: Justifications	
1	Why is the good/service required/needed?
2	Why is this good/service restricted to the proposed vendor/contractor?
3	Describe the efforts taken to identify other sources to furnish the requirement.
4	Describe what has been done by way of cost comparison to determine the charge is not out of line with current market pricing for the good/service.
Check if applicable: <input type="checkbox"/>	<i>The preceding request for cost comparison does not apply. The vendor is sole source; I have thoroughly researched the good/service and, to the best of my knowledge and belief, the vendor is the only one in the profession that can provide.</i>

Section 3: Approvals			
Budget Manager		Date	
Supervisor			
Vice President			
Procurement Services			

