

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

**SOLE SOURCE/NO SUBSTITUTE PROCUREMENT JUSTIFICATION FOR  
COMMODITIES**

Vendor: \_\_\_\_\_ Requisition # \_\_\_\_\_

REQUESTING: \_\_\_ NO SUBSTITUTE \_\_\_ SOLE SOURCE

Items(s) to be purchased:

\_\_\_\_\_  
\_\_\_\_\_

JUSTIFICATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING:

1. Explain why no other product shall be suitable or acceptable to meet your needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What would be the results if the sole source product is not obtainable or becomes unavailable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is the sole source price fair and reasonable and how was this determined:

\_\_\_\_\_  
\_\_\_\_\_

4. Are sufficient funds available? \_\_\_

APPROVED: \_\_\_\_\_  
UNIT ADMINISTRATOR

\_\_\_\_\_  
DATE

AUTHORIZED BY: \_\_\_\_\_  
PROCUREMENT OFFICER

\_\_\_\_\_  
DATE