

**WESTERN WASHINGTON UNIVERSITY**  
**REQUEST FOR SOLE SOURCE APPROVAL**

To: Purchasing Department M/S 1390

From: \_\_\_\_\_ / \_\_\_\_\_  
Name of Requestor Dept./College

Subject: Sole Source Request for the Purchase Of: \_\_\_\_\_

REQUESTED SUPPLIER: \_\_\_\_\_

REQUISITION NUMBER: \_\_\_\_\_ COST ESTIMATE: \_\_\_\_\_

Sole source purchases are those which are clearly and legitimately limited to a single source of supply and involve special facilities, services, or market conditions (per RCW 43.19.1906). Sole source purchases are normally not allowed except when based upon strong technological grounds such as operational compatibility with existing equipment, reliance on an existing stock of parts or service agreements, or reliance upon a clearly unique and cost effective feature or functionality. The use of sole source purchases shall be limited only to those specific instances, which are totally justified to satisfy compatibility or technical performance needs. Source limitations within geographical areas do not constitute a sole source situation.

**STATEMENT OF NEED:**

My department's recommendation for sole source is based upon an objective review of the product/service required and is in the best interest of the University. I know of no conflict of interest on my or any other individual's part, nor do I have any personal involvement in any way with the supplier(s) involved. No gratuities, favors or compromising action have taken place. Neither has my personal familiarity with particular brands, types of equipment, materials or firms been a deciding influence on my request to sole source this purchase when there are other known suppliers to exist.

Please attach a completed Sole Source Justification Form and Purchase Form when forwarding to Purchasing.

|                                                               |                                                                                                                                                             |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Requestor<br><br>_____ / _____<br>Signature of Requestor Date | Department Head/Chair<br><br><input type="checkbox"/> Approved <input type="checkbox"/> Rejected<br><br>_____ / _____<br>Signature of Dept. Head/Chair Date |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|

**If Purchase is between \$3,000 and \$100,000:**

**If Purchase is \$100,000 or more:**

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| Purchasing Manager<br><br><input type="checkbox"/> Approved <input type="checkbox"/> Rejected<br><br>_____ / _____<br>Signature of Purchasing Manager Date | Director of Purchasing, Contracting & Support Services<br><br><input type="checkbox"/> Approved <input type="checkbox"/> Rejected<br><br>_____ / _____<br>Signature of Director Date |
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