

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF PROCUREMENT AND SUPPORT SERVICES
SOLE SOURCE/NO SUBSTITUTION PROCUREMENT JUSTIFICATION FOR COMMODITIES**

Vendor: _____

Requisition #: _____

REQUESTING: ☐ NO SUBSTITUTE ☐ SOLE SOURCE

Item(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?** ☐ Yes ☐ No

APPROVED: _____
UNIT ADMINISTRATOR

DATE

AUTHORIZED BY: _____
PROCUREMENT OFFICER

DATE