

**MARYLAND DEPARTMENT OF HEALTH
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