JUSTIFICATION FOR PROPRIETARY PURCHASE

ANGELO STATE UNIVERSITY

This questionnaire has been designed to assist faculty and staff in relating information necessary in the processing of requisitions for sole source/sole brand purchases.

**Please type.** If additional space is needed, attach additional page(s).

Name, manufacturer, and model number of item(s) to be purchased:

Source of purchases:

☐ Sole Brand – Available from more than one source
☐ Sole Source – Available from only one source

Name of source (minimum of one required):

Brief description of research or other project for which item(s) will be used:

Performance functions proprietary to the item(s):

Why proprietary features/functions are necessary to accomplish research/project goals:

Will the item be used with existing equipment?  
Yes  No
If yes, is the item a component to be interfaced with existing equipment?  
Yes  No
Enter brand and model of existing equipment:

As an accessory or option?  
Yes  No

Name other sources whose products have been evaluated and explain why those products do not meet requirements:

Department Authorized Signature:  
________________________________________

Purchasing Office Approval:  
________________________________________

Requisition No.: ______________________

Date: _______________________________

Date: _______________________________