Roger Williams University Purchasing
No Bid Justification

This form is designed to assist faculty and staff in providing information necessary in the processing of requisitions for purchases where competitive bids were not obtained as required by the University's Purchasing Policy. Requisitions will not be processed without completion of this form. Please complete and forward with requisition to the Purchasing Department. If more space is needed, please attach additional page(s).

VENDOR _____ **ANNUAL OR TOTAL COMMITMENT COST** _____

Check one applicable box (either A, B, or C)

A. ☐ **A competitive bid was not obtained because the vendor selected is a sole source provider. The vendor qualifies as a sole source provider because:**

- ☐ vendor is the only authorized distributor / provider for the area
- ☐ item is a special research equipment that is manufactured only by this vendor
- ☐ vendor is the only service provider for existing equipment or software
- ☐ vendor is the only provider for this brand of equipment, software or service, where such brand and/or expertise relates to existing Roger Williams University equipment or software

Comment_____

_____

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B. ☐ **A competitive bid was not obtained because the vendor selected is under a group purchasing consortium/contract where such consortium/contract has been approved by the University's Purchasing Department.**

C. ☐ **A competitive bid was not obtained even though the item or service may be provided by more than one source because:**

_____

_____

_____

_____

_____

I certify that the above statements are true and correct, and that no other material fact or consideration offered or given has influenced this recommendation for a no competitive bid purchase.

_____	_____	_____
Print / Type Name	Print / Type Title	Department

_____	_____	_____
Department Authorized Signature	Date	Ext. Number

If justification C was checked, approvals required from:

_____	_____
Department Head / Director	Vice President / Senior Staff

PURCHASING USE ONLY

Reviewed by: _____ **Date:**_____

Approved by: _____ **Date:** _____