SOLE SOURCE DOCUMENTATION SHEET

RI	EQUISITION NO DATE
DEPARTMENT	
AUTHORIZED SIGNATURE	
1.	Source, Name, & Model No. of item(s) to be purchased:
2.	Is this item a repair part for existing equipment? Yes No
3.	Does this item need to be compatible with existing equipment? Yes No
	Describe existing equipment
If no to questions 2 and 3, please complete the following:	
4.	Briefly describe type of research or other projects for which item(s) will be used:
5.	Performance functions proprietary to the item(s):
6.	Why are proprietary features/functions necessary to accomplishment of research/project goals?
7.	Name other sources whose products have been evaluated and why they do not meet requirements:
	a. Vendor:
	Technical Deficiency:
	b. Vendor:
	Technical Deficiency:

NOTE: Please attach additional information, if necessary.