



Dartmouth College Sole Source/Price Reasonableness Justification

Department Name _____ Requisition# _____

Vendor Name _____ PO# _____ Contract # _____

This form must be submitted with any Purchase Requisition or contract that will exceed an aggregate value of \$10,000 where competitive bids have not been solicited (or are not available), or if the lowest price was not chosen.

Justification checklist

Please indicate the reason(s) the above referenced purchase requisition or contract has been awarded without the benefit of competitive bidding or why the lowest price was not chosen. In the explanation below, indicate why the price of the goods or services is considered fair and/or reasonable.

- A. Item sold through manufacturer/provider only, no other comparable unit available.
- B. Used, reconditioned, or demonstration equipment available at a lower-than-new cost.
- C. Must match existing piece of equipment. Available only from the same source of original equipment.
- D. Upgrade to existing software. Available solely from the producer of this software who sells on a direct basis only.
- E. Repairs/Maintenance/Parts are unavailable from any source except equipment manufacturer or designated dealer.
- F. Service(s)/Good(s) being provided by the vendor are unique and therefore competitive bids are not applicable. (Explanation must appear below).
- G. The item(s) listed on requisition or contract are being paid for with private funding. The donor has specified that the College buy said item(s)/service(s) from the named vendor.
- H. Lowest price not chosen. (Must attach bids, quotes, pricing information and explain below).
- I. Other. Please explain below.

Explanation required below if basing justification on a fair and/or reasonable price. Please describe or attach any communication(s) with other sources contacted or used in support of your explanation.

I attest to the fact that the above statement(s) is/are true and that I have no financial or other interest in selecting this vendor to provide the goods or services indicated.

Signature: _____ Date: _____

Print Name _____ Title _____ Phone # _____