PROPRIETARY GOOD/SERVICE REQUEST

GOOD/SERVICE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REQUISITION NO:\_\_\_\_\_\_\_\_\_

1. EXPLAIN WHY THIS IS THE ONLY PRODUCT/SERVICE THAT CAN MEET THE AGENCY’S NEEDS:

2. LIST THE COMPARABLE PRODUCTS/SERVICES CONSIDERED AND WHY THEY ARE UNACCEPTABLE:

CERTIFICATION: I certify that the above statements are true and complete to the best of my knowledge.

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Signature Date

Approved [ ] Rejected [ ]

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Katie Weaver, Director, Procurement Services Date