

**University of Massachusetts Medical School
Justification Form
No Bid, Sole Source for Services**

Vendor Name:		PO Date:	
PO Number:		Contract Amount:	
Requestor Name:			

Purchase is (check one or more, as applicable): Sole Source Sole Acceptable Source

Complete fields below to justify sole source.

Description of Need
Process Used for Vendor Selection (Explain in detail why the items being procured cannot be bid competitively).
List of Other Vendors Considered
Reason for Selection of Sole Source Vendor
Steps Take to Assure that Vendor's Rates are Cost Competitive

I, the Requestor, Certify under the penalties of perjury that the above statements are true and precise and that I have no financial or other beneficial interest in the vendor.

Account Administrator	Date	Immediate Supervisor	Date
Associate Vice Chancellor for A&F	Date	Director of Purchasing	Date