



Exhibit G

Competitive Negotiation Waiver Request

Date: _____ Division: _____ Fiscal Year: _____

Requestor: _____ Phone Number: _____

Vendor: _____

Item: _____

Estimated Expenditure for the above item: \$ _____

Check all entries below that apply to the proposed purchase.
 Attach a memo containing justification and support documentation.

- Sole source request is for the original manufacturer or provider; there are no area distributors.
- The part/equipment/item is not interchangeable with similar parts of another manufacturer.
- This is the only known item or service that will meet the specialized needs of this division or perform the intended functions.
- The part/equipment/item is required from this source to permit standardization.
- The part/equipment/item is requested for purchase as a product sample for product testing purposes.
- None of the above applies. (See attached memo)

The undersigned requests that competitive negotiation procedures be waived and the vendor identified above be authorized as the supplier for the requested item.

_____ Department Director/Authorized Designee _____ Department _____ Date

Purchasing Use Only

Reviewed by: _____ Approved
Purchasing Staff Date Denied

Comments:

Approved by: _____ Date _____

Comments: