## JUSTIFICATION FOR NON-COMPETITIVE BLANKET ORDER ACQUISITION

REQUISITION/CONTRACT NO. \_\_\_\_\_

This completed form must be included with each requisition/contract that provides for non-competitive acquisition of goods or services valued at a total amount of \$5000 or more from state funds or \$10,001 or more from local funds. If more space is needed, please attach additional page(s).

- 1. Unique Features. Specify the unique features or characteristics of the goods or services that are requested:
- 2. *Special Needs.* Briefly explain why the unique specifications restrict the requisition to one manufacturer or provider:
- **3.** *Other Sources.* State the reason or reasons why competing products are not satisfactory, e.g., a justification for the proprietary (sole source) acquisition:

I certify that the above statements are true and correct, to the best of my knowledge. I also certify that neither I nor my family members will gain or receive any additional benefit because I have recommended that this acquisition be obtained solely from a designated vendor or contractor.

Submitted By:		
2	Signature of Individual Requesting the Proprietary Acquisition	Date
	Printed Name of Individual Requesting the Proprietary Acquisition	Title
College/ Department/Division:		
Signature of D	ivision Administrator:	
		Date
For additional i	nformation, refer to the State of Texas Procurement Manual.	

## DO NOT WRITE BELOW THIS LINE FOR OFFICE USE ONLY

Signature of the Purchasing Coordinator:

Date