

The University Corporation, San Francisco State 1600 Holloway Avenue, ADM-361 San Francisco, CA 94132

SOLE SOURCE JUSTIFICATION

This form must be completed when a request is made to make a non-competitive purchase of \$20,000 or more. Limiting bids to one brand or trade name must also be documented with this form. Reimbursements to SFSU are exempted from this UCorp policy. Sole source purchases of \$20,000 or more are considered approved when authorized by the Project Director, the Dean/AVP, UCorp's Executive Director, UCorp's Director of Administration and Finance, and UCorp's Programs Manager.

Vendor/Supplier/Contractor Name:	
Date of Request:	
Description of Commodity or Service:	
Unique features or the product, brand, or s	ervice that are not available elsewhere:
Unique features that are required for this p	roject:
Other brands that were evaluated and reject	cted, and why: (Explain if none)
Project Director Signature:	Date:

By signing below, you certify that yo this request conforms to UCorp poli		ed the statements above, and you agource purchase.	ree that
Dean / AVP	Date	UCorp Executive Director	Date
UCorp Director, Administration & Finance	Date	UCorp Programs Manager	Date