



**UNIVERSITY OF MASSACHUSETTS PRESIDENT'S OFFICE
NO BID JUSTIFICATION**

PO No: _____	PO Date: _____	Contract Amount: \$ _____
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Speedtype: _____; Account No: _____

Name of Contractor: _____

An attached sheet may be added, if necessary, but all four sections of this form must be addressed in the justification/explanation.

1. Why is this service required/needed?

2. Why is this service restricted to the proposed contractor?

3. Describe the efforts that you have taken to identify other sources to furnish the required service.

4. Describe what you have done by way of cost comparison to determine that the charge is not out of line with the current market pricing for the specified service:

Checkmark, if applicable:
 The preceding request for cost comparison does not apply. The vendor is sole source. I have thoroughly researched the service, and, to the best of my knowledge and belief, the vendor is the only one in the profession that can provide the service.

_____ Account Administrator (Individual Exercising Budgetary Control)	_____ Immediate Supervisor
Date: _____	Date: _____

Sole Source/Sole Acceptable Source Over \$25,000. Approved by:

_____ Vice President	_____ Director of Procurement
Date: _____	Date: _____
