



Non-Competitive Bid Request Sole Source Justification Form

State of Rhode Island, Department of Administration
Division of Purchases
One Capitol Hill, Providence Rhode Island, 02908
www.purchasing.ri.gov (401) 222-2317

Good or Service:
Requesting Agency:

Proposed Vendor:
Requisition No:

1. Is this the **only** product/service that can meet the agency's needs?
2. How was it determined that this vendor is the only supplier of this product or service?
3. Why the price is considered reasonable?
I
4. What efforts were made to get the best possible price for the taxpayers?
n

I certify that the above statements are true and complete to the best of my knowledge.

Requestor Name

Title

Date

Approved by:

Buyer

Date

Chief Buyer

Date

Administrator

Date

Purchasing Agent

Date