



## SOLE SOURCE / PROPRIETARY PURCHASE

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Requisition #:

Agency \_\_\_\_\_

Indicate if Sole Source or Proprietary

Product or Service Description

Vendor Name:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email Address \_\_\_\_\_

Sole Source      Proprietary

Sole Source

Proprietary



