# 3F1C4A88

**SOLE SUPPLIER JUSTIFICATION FORM**

This form must be completed for all purchases of goods or services over €5,000 Ex-VAT where it can be demonstrated that only one supplier/service provider can provide the goods and/or service required. This signed/approved Sole Supplier Justification Form should be uploaded with the relevant PO for audit purposes.

|  |  |  |
| --- | --- | --- |
| **Subacc/Project Code** | **Requesting Department** | **Date** |
|  |  |  |
| **Requisitioner Name** | **E-mail Address** |
|  |  |

**Supplier Information *(quotation from vendor must be attached)***

|  |  |
| --- | --- |
| **Supplier Name** | **Address** |
|  |  |

**Detailed Description of Goods / Services Required**

|  |
| --- |
|  |
| **Estimated Value, excluding VAT:** | **€** |

**Type of Purchase *– Mark with X as appropriate***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Once Off |  | Repeat Buy |  | Repair |  | Add-on  |  | Other |  |

**Detailed Justification for not following normal TUS Procurement Practice *(please be precise in explanation)***

|  |
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|  |

**P.T.O for Sign Off sheet which must be completed**

**SOLE SUPPLIER JUSTIFICATION SIGN-OFF**

**Sole supplier sourcing recommended by (Requisitioner)**

|  |  |  |
| --- | --- | --- |
| **Print Name** | **Signature** | **Date** |

**Supported by Head of Department/Function**

|  |  |  |
| --- | --- | --- |
| **Print Name** | **Signature** | **Date** |

**When signed by the Requisitioner and the Head of Department/Function this form should be e-mailed to the Procurement Office for review and approval at** procurement@tus.ie

**Approved by Procurement Office**

|  |  |  |
| --- | --- | --- |
| **Print Name** | **Signature** | **Date** |

**Rationale for Approving Sole Supplier Sourcing**

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