

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.

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Subacc/Project Code	Requesting Departme	ent		Date
Requisitioner Name			E-mail Address	<u> </u>
Supplier Information	(quotation from vendor m	nust be attach	ed)	
Supplier Name		Address	•	
Detailed Description of	of Goods / Services Requ	uired		
Estimated Value, exclu	uding VAT:	€		
Type of Purchase - M	ark with X as appropriate			
Once Off		Repair	Add-on	Other
Detailed Justification	for not following normal "	THE Dragueon	oont Proctice (=	lagge he procise in explanation
	for not following normal	105 Procuren	nent Practice (pi	ease be precise in explanation

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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 **ALTERNATIVELY** Rejected by Procurement Office Print Name Signature Date

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

Reason for Rejecting Sole Supplier Sourcing

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