

**SOLE SOURCE/SOLE BRAND  
APPROVAL FORM**

REQUISITION NUMBER: \_\_\_\_\_

ITEM: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

REASON FOR  
SOLE BRAND/  
SOLE SOURCE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Attach additional memorandum for justification)

VENDOR NAME (IF SOLE SOURCE): \_\_\_\_\_

\_\_\_\_\_

ESTIMATED COST: \_\_\_\_\_

USING DEPT./DIV.: \_\_\_\_\_

BLANKET ORDER:  Yes  No    FIXED COMMODITY:  Yes  No

APPROVAL:

DEPARTMENT HEAD: \_\_\_\_\_ DATE: \_\_\_\_\_

GENERAL SERVICES DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

CITY MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_