

**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: _____