



---

**Proprietary Purchase Justification****Revised: August 21, 2025**

---

Requisition Number:

Date:

This form is used to provide information necessary in the process of requisitions on a proprietary basis. Answering the questions listed below will assist the purchaser in handling the order expeditiously. Please complete the form and forward to the Purchasing Department. If more space is required, please attach additional pages.

1. Description of item (if commodity: make, model #, etc.; if service: detail of type of service)
2. Name of known source for item.
3. What features or functions are unique (proprietary) to this item?
4. Briefly explain how the unique features or functions are essential to the purpose for which the item is needed.
5. List any source other than the known source who manufactures or supplies similar items or items with similar functions.
6. Why are the other sources not satisfactory?
7. Will the item be used with existing equipment?  
If yes, -as a repair/replacement part?  
-as a component to be interfaced?  
-as an accessory?  
-to match existing equipment?  
-for reason of interchangeability?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

List make and model # of existing equipment.

8. Include any additional information that may aid the purchaser in processing this requisition.



I certify that, to the best of my knowledge, the above information is true and accurate and that no other material fact or consideration offered or given has influenced this recommendation for a proprietary purchase.

Submitted By:

(printed name, title and department)

Signature:

Purchasing Department Approval:

\_\_\_\_\_ Date: \_\_\_\_\_