

Competitive Bid Compliance

In accordance with college policy, competitive bids must be obtained for all purchases of goods or services as follows:

- Purchases between \$10,000-\$24,999 – informal bids received (via phone is acceptable)
- Purchases \$25,000 or more – formal bids documented in writing

At least TWO bids must be obtained before selecting a vendor for an ECONOMIC bid. Provide a description of the product / service and the vendor details. If unable to obtain bids, rationale for requesting waiver of competitive bidding is listed below. Check the applicable category and provide written justification for your request. The requestor must complete this form and attach it to the purchase request (POATTACH_INTERNAL) along with bid documentation. The requestor and the department chair/director of account must sign and date the form.

Description of Product/Service:

	Name	Address	Email/Phone/Fax	Bid Amount
Vendor #1				
Vendor #2				
Vendor #3				

Selected vendor and justification:

Request for Waiver of Competitive Bidding

___ **SOLE SOURCE:** Indicates there is not another company that provides the required goods or services. *Describe the efforts made to identify other manufacturers and distributors (ex. internet searches, etc.) and attach any relevant documentation.*

___ **EMERGENCY:** The goods or services are needed to correct or prevent an emergency health, environmental or safety hazard; special or time sensitive events; and/or emergency repair or replacement of existing equipment essential for daily operations. *Describe the nature of the emergency.*

___ **ECONOMIC:** Use of another supplier would result in incompatibility with existing conditions; require considerable training, time and money to evaluate; the goods or services are being used in ongoing long-term projects; and/or the product/service offered is at a substantial discount below current market conditions and price structures.

___ **CONTRACT:** The vendor listed is / has been under contract. This selection can be used for contract renewals.

Justification for Waiver option selected:

REQUESTED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____

Requested information must be complete for audit retention. If this form is not completed, it will be returned and the order process may be delayed.