



**TOWN OF EDGARTOWN
PROCUREMENT DEPARTMENT**

SOLE SOURCE REQUEST FORM

DEPARTMENT: _____ **DATE:** _____

PROJECT TITLE: _____

OWNER: _____ **PROJECTED COST:** _____
(Must be less than \$50,000)

PURCHASE DESCRIPTION:

Please state/attach the reason(s) for your determination that the specified vendor is the only practicable source for the supply or service described above; include investigation method used to determine there is no other practicable source for this supply/service.

VENDOR INFORMATION: Name, Address, Phone, and Email

FOR TOWN ACCOUNTANT:

ATM ARTICLE: _____ **AMOUNT:** _____

FUNDS REQUISITIONED **SIGNED:** _____ **DATE:** _____

ORG/OBJ: _____

ADDITIONAL FUNDS FROM: _____

FOR PROCUREMENT OFFICE:

AWARDED CONTRACTOR: _____

CONTRACT PRICE: \$ _____ **REFERENCE #:** _____

The undersigned, in reliance on the above representations and supporting documentation, finds that the above Vendor is the only practicable source for the above supplies or services, and so hereby authorizes the above described sole source procurement under M. G.L. c.30B, §7(a).

CPO APPROVAL: _____ **DATE:** _____