



**PROCUREMENT DEPARTMENT**  
**Request for Exemption**

The request for exemption form is necessary whenever a request is made to waive the requirement of competition due to single/sole source.

Identify items or services to be approved for single/sole source treatment:

State relevance of purchase to your mission, purpose, research or study:

Name of manufacturer of item(s): \_\_\_\_\_

4. Identify single/sole source supplier:

Name of Supplier \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Web Site Address (if available) \_\_\_\_\_

5. If purchase is related to compatibility with existing equipment, then identify the item(s) of equipment \_\_\_\_\_



# UNLV | Medicine

I/We have thoroughly researched and determined that the vendor/brand requested in this documentation is the only acceptable vendor/brand for the product/services that will fit my/our particular requirement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Department: \_\_\_\_\_