

PRIOR AUTHORIZATION FORM

INSTRUCTIONS: Submit form to: Wichita State University, Office of Purchasing, Campus Box 12

Sole Source # _____

Acquisition in the amount of \$_____ is requested for:

Fund Source _____

Sole Source

Professional Services Contract pursuant to KSA 75-37,130-135 and DoP Informational Circular 583

Other

Vendor:

Address:

Has the vendor ever been an employee of the State of Kansas? Yes No . If yes, please explain the nature of the employment and period of service.

1. Description of Material or Service:
2. Sole Source only – Explain why the recommended vendor is the only one qualified to provide the requested services at the exclusion of all others, i.e., what makes this vendor uniquely qualified?
3. Sole Source Only – Describe the research that has been completed to ensure that no other competition exists (nature of work to be completed, names of vendors contacted who are unable to perform services, etc.):
4. Sole Source Only – Have you requested an agency contract with the vendor at any time during the past twelve months? Yes No . If yes, please explain the nature of the service and the amount agreed to be paid.

I certify to the truth and accuracy of the above statements and information:

Signature Dept. Chair or Principal Investigator

Date

Printed Name and Dept. Name

BPC Purchase: _____ Yes _____ No

Fund Org Account Code

BPC Cardholder _____

Print Cardholder Name

AGENCY USE ONLY

Agency Name: _____ Wichita State University

Agency Approval: _____ Date: ____/____/____

(Signature and Title)