FORM “B”  

Wellesley College Purchasing  
No Bid Justification

This form is designed to assist faculty and staff in providing information necessary in the processing of requisitions for purchases where competitive bids were not obtained as required by the College’s Purchasing Policy. Requisitions will not be processed without completion of this form. Please complete and forward with requisition to the Purchasing Department. If more space is needed, please attach additional page(s).

VENDOR __________________________ ANNUAL OR TOTAL COMMITMENT COST __________________________

Check one applicable box (either A, B, or C)

A. ☐ A competitive bid was not obtained because the vendor selected is a sole source provider. The vendor qualifies as a sole source provider because:
  ☐ Vendor is the only authorized distributor for the area.
  ☐ Item is a special research equipment that is manufactured only by this vendor.
  ☐ Vendor is the only servicer for existing equipment or software.
  ☐ Vendor is the only provider for this brand of equipment or software where such brand relates to existing equipment or software.

  Comment: __________________________________________________
  __________________________________________________________________
  __________________________________________________________________
  __________________________________________________________________

B. ☐ A competitive bid was not obtained because the vendor selected is under a group purchasing consortium contract or a contract which has been approved by the College’s Purchasing Department.

C. ☐ A competitive bid was not obtained even though the item or service may be provided by more than one source because:
  __________________________________________________________________
  __________________________________________________________________
  __________________________________________________________________
  __________________________________________________________________

I certify that the above statements are true and correct, and that no other material fact or consideration offered or given has influenced this recommendation for a no competitive bid purchase.

_________________________________________    __________________________________      ___________________________
  Print / Type Name               Print / Type Title    Department

_________________________________________ ____________________ __________________________
  Department Authorized Signature            Date   Ext. Number

If justification C was checked off, approval required from:

Department Senior Staff       Vice President for Finance and Treasurer

PURCHASING USE ONLY

Reviewed by: ___________________________    Date: ___________________________

Approved by: ___________________________    Date: ___________________________