

Competition Waiver Request

Complete this form and secure all approvals prior to start of a Purchasing Requisition

This section to be completed by Requestor

Date:

Requestor Name:

Phone Number:

College/Department:

Recommended Supplier:

Item/Service to be purchased:

Reason for Requesting Waiver of Competition (Check All Applicable and provide supporting documentation)

- Item must match existing equipment
- Item is repair part for existing equipment
- Item is to be attached to existing Equipment

Name of existing equipment:

- Technical characteristics of requested item are essential to our needs because other manufacturers of this type of product do not meet our minimum requirements:

Manufacturer's Name:

Reason:

Manufacturer's Name:

Reason:

Manufacturer's Name:

Reason:

- No other manufacturer of this type of product exists (attach supporting documentation from supplier):
- Includes Curriculum-based and/or course-specific material:
- Other Reason:

Requestor's Signature

Date

Forward completed form with Supplier quotation attached to Fiscal Office

Competition Waiver Request

This section to be completed by responsible Fiscal Office

Approve

Disapprove

Fiscal Office Signature

Date

Email form and Quote to purchasing@domail.maricopa.edu for Purchasing review and approval

This section to be completed by Purchasing Department

Procurement Analyst Recommendation

Procurement Analyst Recommendation

Competition Waiver justification is adequate and recommend approval without competitive bidding.

Conclusion:

Procurement Analyst Signature

Date

Date

Disposition

Approve

Disapprove

Procurement Supervisor Signature

Date

This Competition Waiver is valid through _____

Attach Completed Form and Quotation to the Purchase Requisition