Note: No Sole Source documentation will be approved without this official form including signatures by					
Vice President	Date				
Signature of Director/Department Chairperson/Dean	Date				
Signature of Principal Investigator	Date				
As the Principal Investigator, I certify that the above information is true and current to t	the best of my knowledge.				
6. Determination that anticipated cost will be fair and reasonable.					
5. Explain in detail any additional determining factors that make this product unique. support your statements.	Attach any documents to				
4. Is the requested item(s) essential in maintaining experiment continuity? <i>If yes, experiment continuity? If yes, experiment continuity? If yes, experiment continuity? If yes, experiment continuity?</i>	lain and specify how the				
Is the requested item(s) an integral repair or replacement part/accessory compatibl and available from the requested source only? If yes, list the existing equipment, man and serial number,					

the appropriate officials.