**SINGLE TENDER ACTION JUSTIFICATION FORM**

**(Above £10,000 and below the EU Threshold)**

In circumstances where it is not possible to obtain a minimum of three quotations or undertake a tender exercise, staff are required to complete this form to request approval to proceed on a single source / single tender basis. All waiver requests are reported to the Audit Committee.

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| --- | --- |
| **College / Department:** |  |
| **Requested by:** |  |
| **Date request made:** |  |

|  |  |
| --- | --- |
| **Description of goods, works or services which you are planning to buy and why they are needed (attach supporting documents if required):** | |
|  | |
| **Name of Supplier:** |  |
| **Total Cost (excl. VAT):**  *(This is the total cost expected over the life of the contract, amount entered MUST include maintenance, training and other running costs where applicable.)* |  |
| **Who is funding the purchase?** *(If funded by a research grant or special initiative, please provide name of funding body.)* |  |
| **Budget holder / Responsible Manager**  *(Name & Position)* |  |

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| **Reason for single tender action (please attach ALL supporting documents):**  *For example – Copy of proposed agreement or contract, quotes obtained, additional information* |
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**PLEASE NOTE – THIS REQUEST MUST BE RECEIVED & APPROVED BY PROCUREMENT SERVICES PRIOR TO ANY COMMITTAL TO PURCHASE BEING MADE.**

***To be completed by Procurement Services***

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| **Date Received by Sourcing Manager:** | **06/09/2022** |
|  | |
| **Date Received by Procurement Operations:** | Click here to enter a date. |
| **Comments:** | |

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| --- | --- | --- |
| **Date Reviewed – Director of Procurement:** | | Click here to enter a date. |
| **Justification approved?** | | **Yes  No** |
| **Comments:** | | |
| **Name:** |  | |
| **Signature:** |  | |