



APPENDIX B

LIVINGSTON COUNTY FISCAL SERVICES

SOLE / SINGLE SOURCE VENDOR JUSTIFICATION OF PURCHASE

VENDOR NAME: _____

REQUESTOR'S REASON (REQUIRED):

SOLE SOURCE:

Only known source that will meet requirements

SINGLE SOURCE:

Supplier able to meet urgent timing requirements

Supplier is current vendor of compatible service

Repeat of a purchase order recently placed on a competitive basis

Date of Bid or Award: _____

Previous experience with this vendor

Piggyback off of contract:

Contract Holder: _____

Contract Number: _____

DETAILED JUSTIFICATION (REQUIRED):

Department Head Signature

Date

Typed Name of Requestor & Department

County Administrator / Designee Signature

Date

Typed Name