



4401 Old Airport Road
Concord, NC 28025
Phone: 704-260-5600
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Bid Waiver Request Form

Competitive bidding is required for purchases over \$5,000 unless a waiver is granted by the Director of Finance.

Budget Owner: _____ Department: _____

THE FOLLOWING SECTION MUST BE COMPLETED

Name: _____ Department: _____

Phone: _____ Email: _____

Proposed Vendor: _____ Total Purchase Price: \$ _____

Description of Proposed Product/Model: _____

Accounting Line: _____

Sections I and II of this form are Required.

- I. Select the circumstance(s) that describe this purchase and warrant elimination of competition. Check all applicable boxes. **Provide the requested supporting information in Section II.**

The requested product is a repair part for existing equipment. *Provide manufacturer and model number of existing equipment.*

The requested product must be compatible with existing equipment. *Provide manufacturer, model number, and compatibility requirements of existing equipment.*

The requested product has unique design/performance specifications or quality requirements which are essential to work/ research/ teaching needs. *Describe the unique specifications and why they are necessary for your work. Additionally, describe at least two similar products/ alternative vendors that you have researched and the reason you prefer the requested product.*

The requested product is required to ensure continuity in experiments and/or collaborative research. *Describe the research and the reason this product is needed to maintain continuity.*

This vendor is the sole manufacturer **and** sole distributor of this item. *Specifically describe the efforts made to identify other manufacturers and distributors (e.g. internet searches, scholarly journals, etc.) and attach any relevant documentation.*

This is an emergency purchase. *Describe the nature of the emergency.*

II. Justify your selection by providing the information described in Section I. Attach additional documentation if helpful or required.

I certify that the above information is complete and accurate to the best of my knowledge.

Budget Owner Signature: _____ Date: _____

Purchasing and Contract Services Internal Use Only:	
<input type="checkbox"/> Bid waiver approved	<input type="checkbox"/> Bid waiver disapproved
Signature: _____	Date: _____
Director, Contracts and Purchasing Services	