



This form formally records the justification and authority to waive the University's [Procurement Policy](#). The following approvals are required:

1. This form must be completed in respect of all purchases where:
  - a. The proposed purchase is not being made under a recommended contract <https://www.hecontracts.co.uk/>, and
  - b. Competitive offers are not being obtained.
2. Please note the Single Supplier Justification will not apply to purchases which exceed the current EU thresholds value for tendering <http://www.ojec.com/thresholds.aspx> and must not be used for those funded / part-funded by EU funding.
3. Please discuss single-sourcing with the Procurement Manager, or send this form to him before committing to a purchase over £25,000, because approval is not guaranteed.

NAME OF THE PROPOSED SUPPLIER:	
AGRESSO SUPPLIER ID:	
ESTIMATED TOTAL VALUE (EX VAT):	£

BRIEF DESCRIPTION OF THE GOODS / WORKS / SERVICES REQUIRED:	

<b>JUSTIFICATION FOR NOT OBTAINING QUOTES / TENDERS:</b> Please be precise in explanation e.g. compatibility, technological, extreme urgency, and detail how Value for Money (VFM) will be achieved.	

**PLEASE STATE ANY ACTION TAKEN TO IDENTIFY AND MANAGE POTENTIAL CONFLICT(S) OF INTEREST:**

**IF FUNDED / PART-FUNDED BY EXTERNAL FUNDING, PLEASE PROVIDE DETAILS:**

(e.g. ESIF / ERDF, Research Grant).

If the purchase is partially or fully funded by a research grant or external funding please check your grant or funding conditions permit purchases without competition before completing this form.

**PLEASE ATTACH TO THIS FORM ANY SUPPORTING DOCUMENTS:**

(e.g. Quotation, Business Case, Options Appraisal, Terms and Conditions).

**Please note, terms and conditions, other than the University's standard terms of business need to approved by the University's Head of Legal Services, Governance and Risk.**

**FORM COMPLETED BY:**

NAME:

POSITION:

DEPARTMENT:

TEL:

EMAIL:

**BUDGET HOLDER  
APPROVAL:**

NAME:

POSITION:

DEPARTMENT:

SIGNED:

DATE:

**PROCUREMENT  
MANAGER APPROVAL:**

NAME:

SIGNED:

DATE:

**SENIOR EXECUTIVE TEAM  
APPROVAL:**

NAME:

POSITION:

SIGNED:

DATE:

**A copy of this completed authorisation must be attached to the requisition along with other supporting documents to ensure an audit trail and avoid delay in PO approval.**