## Needham Public Schools Sole-Source Determination Request

School or Department:				Date:
Conta	ct Name:			Requisition #:
Vendo	or Name:			
	or Address:			
	or State/Zip:			
venac	or Contact Phone:			
Is thi	s vendor established	in H.T.E.?	Yes No I	f no, Tax ID#
Please	e itemize specific iten	ns to be pur	rchased (attach additi	onal sheets if needed.)
Qty	Item Description (I	include Spe	cific Title, Model or C	Order Number, ISBN Number, etc.)
		Т	otal Cost of Procurem	ent (inc. Shipping):
				om (me. omppmg)
Please	e indicate basis for so	le-source d	letermination request:	
Schoo	ol/ Department Head .	Signature:		Date:
Attach	•	t to requisition	n. Forward to Accounting. Di	rector of Financial will issue sole-source
Direc	tor of Financial Opera	itions:	Request Annroved:	Request Denied: