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- B. In addition to the goods, services or construction requested, I have contacted other suppliers and considered their product or service of similar capabilities. I find their product or service unacceptable for the following reasons (identify companies contacted, model number, if applicable, and specific technical deficiency):

- II. If sole source approval is deferred or denied, it will have the following impact on the program/project:

- III. The requested product or service is available **only** from:

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**Certification:**

I certify that the information provided herein is true and correct to the best of my knowledge.

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Full Name of Principal Investigator, Department Head, or Administrator

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Signature

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Date

APPROVED:

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Full Name of Fiscal Officer

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Signature

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Date

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Full Name of Vice President or Chancellor (if applicable)

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Signature

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Date

APPROVED / DISAPPROVED:

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Director, Office of Procurement and Real Property Management (if applicable)

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Date

APPROVED / DISAPPROVED:

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President, University of Hawaii (if applicable)

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Date