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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:

Certification:

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

Full Name of Principal Investigator, Department Head, or Administrator

Signature

Date

APPROVED:

Full Name of Fiscal Officer

Signature

Date

Full Name of Vice President or Chancellor (if applicable)

Signature

Date

APPROVED / DISAPPROVED:

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

Date

APPROVED / DISAPPROVED:

President, University of Hawaii (if applicable)

Date