

Competition Impractical Request

Please have department director sign & forward to Procurement or enter in Bonfire intake at paradisevalleyaz.bonfirehub.com/intake/

This form has been designed to assist the Procurement Authority to make a determination regarding the need for a single source purchase in accordance with the Town of Paradise Valley Purchasing Code. Prior to committing a Purchase Order for the product or service, the justification must be reviewed and approved.

IDENTIFYING INFORMATION: (Please fill in each field) Requesting Department:	Brief Summary of the Services to be provided:		
Requesting Employee Name:			
Vendor Name:			
Vendor Address:	_		
Vendor Phone:	Terms: Start Date:	Expiration Date:	
Vendor Email:			
Estimated Cost: \$ Funding Sou	urce(s):	Budgeted Yes No	
Provide justification (use attachment if necessar	y and include an	y quotes of invoice).	
	ed by Procurement	Authority	
APPROVAL	_		
Request Authorized Pursuant to Town Code	Request D	enied:	
Request Returned for Additional Information:	See Comn	nents:	
Comments:			
REVIEWED AND APPROVED:			
☐ Initiated By/Other:	Date:		
☐ Department Director:	Date:		
☐ Procurement:	Date:		
☐ Finance:	Date:		