

## **Competition Waiver Request**

Complete this form and secure all approvals prior to start of a Purchasing Requisitic

This section to be completed by Requestor

Date:	
RequestorName:	
Phone Number:	
College/Department:	
Recommended Supplier:	

Item/Service to **b** purchased:

Reason for Requesting Waiver of Competition (Check All Applicable and provide supporting documentation)

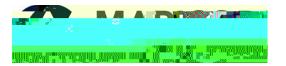
Item must match existing equipment

Item is repair part for existing equipment

Item is to be attached to existing Equipment

Name of existing equipment:

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## Competition Waiver Request

This section to be completed by responsible Fiscal Office

Approve

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Fiscal OfficeSignature

Date

Email formand Quoteto <a href="mailto:purchasing@domail.maricopa.ed">purchasing@domail.maricopa.ed</a> for Purchasing review and approval

This section to be completed by Purchasing Department

Procurement Analyst Recommendation

Competition Waiver justification is adequat (n W9to)-10 ()]2d 1 (v)111 52371 (qua)22j -0.</MC694]2