



Competition Waiver Request

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

This section to be completed by Requestor

Date:

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Requestor Name:

.....

Phone Number:

.....

College/Department:

.....

Recommended Supplier:

.....

Item/Service to be purchased:

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

Item must match existing equipment

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Item is repair part for existing equipment

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Item is to be attached to existing Equipment

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Name of existing equipment:

.....

Technical characteristics of requested and/or 4733. 0àV><Æ ü Ã<0uã•ãî`uÉ\ãÄgRJÔsPR|ÙÀ qW 9 Ðp`



Competition Waiver Request

This section to be completed by responsible Fiscal Office

Approve

Fiscal Office Signature Date

Email form and Quote to purchasing@domail.maricopa.edu for Purchasing review and approval

This section to be completed by Purchasing Department

Procurement Analyst Recommendation

Competition Waiver justification is adequat (n W9to)-10 ()J2d 1 (v)111 52371 (qua)22j -0.</MC694]z