



Alternative Procurement # _____

Request for Alternative Procurement

1. Using Department	2. Contact Person/Phone/e-mail	
3. Suggested Vendor (Name and Address)	4. Policy Citation	5. Start and Expiration Dates:
	6. Index	7. Account
	8. Total Amount Requested	9. Requisition #

10. Provide a concise summary of nature and purpose of this procurement. Explain what attempts, if any, were made to obtain competition. Attach all proposals, quotations, and other available documentation.

AP Check List	Yes	No	14. Department Certification:
11. Is a vendor proposal (s) attached detailing the scope of work or item description, including an explanation of rates/prices?	<input type="checkbox"/>	<input type="checkbox"/>	I certify to the accuracy of the above statements and request an Alternative Procurement. <hr/> Requestor: _____ Date _____ <hr/> Department Head: _____ Date _____ <hr/> Unit Administrator: _____ Date _____
12. Confirming/Unauthorized Alternative Procurement?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Have goods or services been received/performed? If yes, provide a justification signed by Department Head.	<input type="checkbox"/>	<input type="checkbox"/>	
14. Procurement is included in the FY 2021 Budget?	<input type="checkbox"/>	<input type="checkbox"/>	

Legal: This procurement is approved as to legal form

Executive Director Supply Chain Date

Legal Management Date

Chief Financial Officer Date

Executive Vice President Administration Date

Shereef M. Elnahal, MD, MBA Date
President & CEO

NOTE: Requests \$1.5 Million and above are subject to the review and approval of the UH Board of Directors