

## **UNIVERSITY OF AKRON**

Department of Purchasing 100 Lincoln Street, Akron, Ohio 44325-9001 purchasing@uakron.edu

## **Supplier Name:**

Request for Waiver of Competitive Bidding				
All purchases of more than \$500,000 shall not be waived. These purchases must be approved by the Board of Trus	•	•	cumstances.	
Is your purchase over \$500,000?	Yes	No		
All purchases of a service over \$100,000, and materials	over \$75,000 must be co	mpetitively bid	(Rule 3359-3-07).	
Is your service purchase over \$100,000?	Yes	No		
Is your material purchase over \$75,000?	Yes	No		
Exceptions to the Rule				
Exceptional circumstances include emergencies, tempor	ary professional or techr	ical services, s	sole source, etc.	
Is the supplier/product/service identified by name in a grant or contract?		Yes	No	
Does your purchase meet any exceptional circumstances	s?	Yes	No	
Sole Source Justification (check all that apply):				
Must match existing equipment				
No other known item meets specifications				
Only known manufacturer				
Only known distributor				
Only source for service				
Date:	Total Cost:			
Requestor Name:				
Department Head Approval Signature:				
			Date:	
Director of Purchasing Signature:				
Director of Furchasting digitature.			Date:	

General Counsel Initials:

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## **Exception to the Rule Detail Page**

Provide grant documentation or describe exceptional circumstances:

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