

VILLANOVA PROCUREMENT DEPARTMENT
BID WAIVER REQUEST FORM

_____ EMERGENCY PURCHASE: The goods or services are needed to correct or prevent an emergency health, environmental, or safety hazard; and/or emergency repairs or replacement of equipment for daily operation.

_____ TIME CONSTRAINTS: The goods or services are needed for special or time sensitive events.

_____ SPECIAL ECONOMIC CIRCUMSTANCES: Use of another supplier would result in incompatibility with existing conditions; require considerable training, time and cost to evaluate; and/or the goods or services are offered at substantial discount below market value (provide documentation to illustrate).

Department	_____
Requestor / Date	_____
Signature	_____
Product or Service	_____

Dollar amount	_____
Index Number	_____

Provide detailed information regarding why this bid waiver is being requested:

Approver Name: _____

(Please Print)

Name and Title

Signature

Date

(See signing authority policy for approval levels)

Office Use Only

Buyer Approval / Date _____

Director of Procurement Approval / Date _____