



Supplier Selection and Cost Justification

Office of Sponsored Projects

www.csusm.edu/corp/sponsoredprojects
 sponsoredprojects@csusm.edu
 760-750-4700

This form is required for all purchases \$10,000 to \$149,999 that are not Sole Source/Sole Brand purchases. This form must be completed and attached to the requisition including any required supporting documentation.

The purpose of this form is to document the reasons for selecting the supplier and why the cost is reasonable.

Contact the Office of Sponsored Projects sponsoredprojects@csusm.edu with questions.

GENERAL INFORMATION SUPPLIER INFORMATION

Project #:	85_____	Supplier Name:	
Requisition #:		Contact Name:	
Procurement Type:	Independent Contractor Services Equipment Supplies Lease	Email/Phone:	

PROCUREMENT METHOD

\$10,000 - \$49,999	\$50,000 - \$149,999
Attach at least two (2) informal quotes to requisition. Quotes may be obtained from published pricing online or in a catalog. Additional formats include written or emailed.	Attach least three (3) formal written quotes to requisition. Quotes must be obtained from vendors in written or electronic format, and include specifications, vendor name, address, phone #, and total amount.

SUPPLIER SELECTION (Reason for choosing Supplier)

- | | |
|--|------------------------------------|
| Existing Supplier | Best Value |
| Has a CSUSM Master Contract (Contract No. _____) | Checked References |
| Performed Work for another CSU Auxiliary | Other: Please Explain in box below |

PI CERTIFICATION

By signing this form I, the Project Investigator/Project Director certify that all the information is truthful and accurate. I certify that, to the best of my knowledge, neither the principals, directors, owners, employees nor business associates (including respective family members) of the vendor selected are employees of CSUSM and/or CSUSM Corporation.

Printed Name: _____ Signature: _____ Date: _____
 (Principal Investigator) (Principal Investigator)

CSUSM CORPORATION USE ONLY

Reviewed

Printed Name: _____ Signature: _____ Date: _____
 (Executive Director or Designee)