



### 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: \_\_\_\_\_

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 \_\_\_\_\_

Item is repair part for existing equipment \_\_\_\_\_

Item is to be attached to existing Equipment \_\_\_\_\_

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

A small icon representing a signature or stamp.

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Fiscal Office Signature

Date

Email form and Quote to [purchasing@domail.maricopa.edu](mailto:purchasing@domail.maricopa.edu) for Purchasing review and approval

This section to be completed by Purchasing Department

Procurement Analyst Recommendation