

## **Purchase Information Sheet** (\$10,000 and Over)

PR Number:		Vendor Name:	
Purchase Amount:		Division/Department/ Program: (in need of purchase):	
1.	Select one of t	the following approved purchasing methods used to	obtain your goods and services:
	Thre	e quote comparison (Include vendor written quote	es or responses)
	Purchasing Co-Ops (Buyboard, DIR, US Communities, etc. Include contract number)  Sole source (Include sole source justification form and vendor letter)  Formal competitive bidding process (Purchases of \$25,000 and over only. Include agenda request form certified by the President's Office)		
	Inter	- Local Agreement	
2.	2. Please briefly describe the goods or services requested, reason or need for purchase, describe benefits or opportunities for TSC community including students, list TSC community members and/or student population involved, provide purchase timeline, and any risks associated if purchase is not conducted.		