Justification for Use of Conflicted Vendor or Services

Vendor/Individual: _______________________________________________________
Vendor Registered in Banner Y/N: _______ SFID filed with ORI Y/N: ________

MURC Project: ______________________________________________________
Principal Investigator: _________________________________________________
Transaction Type(s): ______ Goods _____ Services
Relationship of PI to Vendor:

**Goods:** Complete the next three item
Estimated Annual $ volume of Business with this Vendor: _________________
Goods/Item(s) to be purchased:

Justification for use of Vendor:

**SERVICES:** Complete the next three item
Identify the required services:

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Describe the unique attributes/skills of the Individual that are required:

For Services, estimate time and cost of the employment to the appropriate Dean/Vice President & the VP of Research.

Hours: ______________    Costs: ______________

Principal Investigator: _______________________________ Date: _____________
Dean/Vice President: _______________________________ Date: _____________
Director of Purchasing: ______________________________ Date: _____________
VP Research: ________________________________ Date: _____________
MU President: ________________________________ Date: _____________

_____Approve        _____Disapprove