

**UNIVERSITY OF ALASKA ANCHORAGE
 CERTIFICATION OF NEED FOR RESTRICTIVE SPECIFICATION
 FOR RESEARCH OR CLASSROOM USE**

Department:

Purchase Request No.

Est. Value \$

For Supplies or Equipment:

Manufacturer(s) & Model No.(s)

Purchase Description:

For Services:

Only Known Source(s) of Services:

Description of Services:

The item(s) or service(s) listed herein will be used as indicated below:

_____ Academic application in the classroom

_____ Direct support of sponsored research

Class/Course or Research Project Name:

The Faculty member, Principle Investigator, or Project Director, by signing below, certifies that only the item(s) or service (s) specified in this purchase request is suitable for the intended application, and no substitute is acceptable.

Authorized Signature:

Date:

Typed Name and Title:

Telephone Number:

Fax Number:

Note: If alternate sources are available for the brand requested, Purchasing may obtain competition as it deems appropriate.