**Professional Services Justification**

|  |  |
| --- | --- |
| **General Information** | Date: |
| Department: | Phone No. |
| Contact Name: | email |

|  |  |
| --- | --- |
| **Vendor Information** | Requisition No. |
| Name: | Purchase Order No. |
| Address: | Contract No. |

|  |
| --- |
| **Description.** Please provide a description of the goods or services required, the duration or frequency of the requirement, and where will the services or goods be delivered. Please also identify the **annual** cost of this good or service.  |
|  |

|  |
| --- |
| **Explanation**: Why is this product or service the only one that would satisfy the requirement(s)? |

|  |
| --- |
| **Due Diligence.** Describe the due diligence performed that led to the conclusion that this service provider offers the best value to the city.  |
|  |

|  |
| --- |
| **Department Recommendation** |
| Requestor: | Date: |
| Department Director: | Date: |

|  |
| --- |
| **Chief Procurement Officer’s Approval** |
| Signature: | Date: |