

**UNIVERSITY OF ALASKA FAIRBANKS**

**CERTIFICATION OF NEED FOR RESTRICTIVE SPECIFICATION  
FOR RESEARCH OR CLASSROOM USE**

Department: \_\_\_\_\_

Purchase Req. No. \_\_\_\_\_ Est. Value \$ \_\_\_\_\_

If for supplies or equipment:

Manufacturer(s) & Model No.(s) \_\_\_\_\_

Purchase Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If 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 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.\*

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Type Name and Title

\_\_\_\_\_  
Telephone Number

\*If the department has determined that their need can be met by a specified list of vendors, competition will be limited to those vendors only.