

University of Alaska
Certification of Need for Restrictive Specification
for Research or Classroom Use

Department: _____

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

For Supplies or Equipment:

Manufacturer(s) & Model No(s): _____

For Service:

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

_____ Date: _____
Authorized Signature

Type Name and Title

Telephone Number _____

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