KANSAS CITY PUBLIC SCHOOLS
SUPPLIER JUSTIFICATION

The Purchasing Department is recommending that ___________________ provide ________________________________________________________________________________ for the following reasons:

1. Experience/Qualifications:

2. Were any other vendors considered? Please explain why or why not.

___________________________________
Department Head/Principal Signature

___________________________________
Director/Assistant Superintendent Signature

Purchasing Department Use Only

Approved_____ Not Approved because: ______________________________________________

_________________________________________    ____________________
Senior Contract Specialist Signature                      Date

_________________________________________    ____________________
Purchasing Manager Signature                      Date