



Troup County School System

## Recommended Provider Form

Location/Department: \_\_\_\_\_

Cost Center Manager: \_\_\_\_\_

Recommended Provider: \_\_\_\_\_

Current TCSS Vendor? \_\_\_\_\_ Yes (Vendor# \_\_\_\_\_) \_\_\_\_\_ No (Please attach W-9)

Product/Service: \_\_\_\_\_

Funding Source: \_\_\_\_\_

Date: \_\_\_\_\_

### Bid/Quote Summary (attach other documents if needed)

Product/Service Description	Quantity	Unit Cost	Total
<b>Grand Total</b>			

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

### If Single or Sole Source Provider is used, provide justification here:

Note: Sole Source – provider is the ONLY known source for unique products & services with no other options available  
Single Source – circumstances dictate use of the vendor despite other potential options (availability, timeliness, etc)

Single/Sole Source Approval (Superintendent or CFO): \_\_\_\_\_