



# Bid Waiver Request Form

Completed form should be emailed to [purchasing@udmercy.edu](mailto:purchasing@udmercy.edu)  
**FOAPAL must be entered on form before emailing to Purchasing Department**

Requisition #: R00 \_\_\_\_\_ PO# \_\_\_\_\_

Contracts for supplies, equipment or services of consultants or independent contractors requiring the expenditure of funds in excess of \$10,000 shall be awarded on the basis of competitive bids. However, in the case of contracts requiring highly specialized service or other circumstances for which a public bid would not be appropriate, a waiver of the bid requirement may be submitted for approval.

To make a request for bid waiver, please complete the following information and submit to Purchasing Department:

**Vendor/Consultant Name:** [Click here to enter text.](#)

1. Are any employees of Detroit Mercy employed by, owners or principals of the consulting organization? Yes  No
2. Does any Detroit Mercy employee have any financial or personal interest in the consulting organization? Yes  No

If yes to 1 or 2:

List employee name: [Click here to enter text.](#)

Has a conflict of interest disclosure statement been submitted in accordance with the Detroit Mercy policy?

Yes  No  If no, refer to the following link:

<https://www.udmercy.edu/hr/forms/documents/Conflict%20of%20Interest%20and%20Code%20of%20Ethics.doc>

**Description of item or service being requested:**

[Click here to enter text.](#)

**Justification for waiver of bid:**

[Click here to enter text.](#)

**Waiver Amount:** \$ [Click here to enter Amount.](#)

**FOAPAL:** enter fund.- enter org code- enter account number- enter activity

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

**Authorizations:**

Dean/Department Head: \_\_\_\_\_ Date \_\_\_\_\_

Procurement Services: \_\_\_\_\_ Date \_\_\_\_\_

Budget:(Grants): \_\_\_\_\_ Date \_\_\_\_\_  
(if applicable)

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

**\*\*\* Please attach quote to your Bid Wavier\*\*\*\***