**Procurement Waiver Request Form**

This Procurement Waiver Request Form must only be used in circumstances where usual procurement processes cannot be applied. This form will act as a waiver to the Financial Regulations and must be completed in full and retained on record by the department.

If in any doubt as to whether a waiver form is required, please first contact the Central Procurement Unit for advice via email procure@essex.ac.uk. Guidance can also be found on our webpage.

Where there are elements of the requirement that are Estates or IT related, Procurement will reserve the right to check with Estates or IT to confirm the request is suitable.

Financial Regulations and FPN 24: <https://sp.essex.ac.uk/sections/finance/SitePages/Compliance.aspx>

If the value of this waiver is **below £10k** (ex vat) then only the Head of Dept/Section/Centre will need to sign it off and retain a copy on file for audit purposes. Procurement has the right to request a copy of this at any time.

In addition to the above if the value is **above £10k** (ex-vat) then this will also need to be signed off by Faculty or Professional Services Accountant. This form will need to be sent to procure@essex.ac.uk for final approval and final sign off, by the Director of Procurement.

Please ensure the waiver is completed in full and signed off. Failure to do so will result in a delay to the processing and/or approval of your waiver.

|  |
| --- |
| Requesting officer details |
| Name:  |
| Department/Section/Centre:  |
| UNIT4 Department Code:  |
| Ext. number and email:  |
| Date submitted:  |
| Type of waiver requested(Please place an ‘X’ next to the appropriate type of waiver request) |
| Lack of appropriate tenders in a previously advertised procurement |  |
| Technical Continuity, artistic reasons or reasons connected with the protection of exclusive rights |  |
| The services, supplies or works can only be provided by one particular supplier (One Source) |  |
| Urgent or emergency operational equipment or services |  |
| Additional works of services which were not foreseen at the time of original contract award |  |
| Grant funded research - Collaborators |  |
| Security considerations |  |
| Description  |
| *For example:** *Detailed explanation of exactly what is being bought in which quantity and what purpose the goods are for, or explanation of works, timescales etc.*
* *Provide procurement project reference if previously tendered.*
* *If a current supplier, please provide a short assessment of current performance to date.*

Insert detailed explanation below: |
| **Financial and contractual details**  |
| Name of proposed supplier: |  |
| UNIT4 Supplier ID: (if existing supplier) |  |
| Estimated contract value: (total, not annual) |  |
| Total value of extension/variation: (If applicable) |  |
| Duration of contract/extension: |  |
| Terms and Conditions proposed: (Please attach copy) |  |
| **Justification**  |
| Please explain what steps will be taken to ensure that the University demonstrates probity and gets best value in this contract? Examples of this could include:* *Details of any market research, competitive or benchmarking activity that has been carried out to determine this supplier is best suited. i.e. contacting multiple suppliers, web searches, supplier demo’s, obtaining additional quote(s). (if you have any evidence of this please attach)*
* *Evaluating and considering potential alternative proposals.*
* *Reviewed any associated potential risks to the University. i.e. supplier has the relevant warranties and accreditation for the service/works/goods they are providing.*

Insert detailed explanation below: |
| **Account & Cost Code** |
| Account Code: |  |
| Cost Code: |  |
| **Approval workflow – Electronic signatures are accepted**  |
| I the requester, confirm to the best of my knowledge that this request does not breach the University Financial regulations and that there is a genuine requirement to submit this waiver request. |
| Requesting OfficerName: Signature: Date:  |
| Head of Department/Section/Centre *(or Principal Investigator for Research Grants)*Name: Signature: Date:  |
| Faculty or Professional Services Accountant Name: Signature: Date: |
| Director of ProcurementName: Signature: Date:  |
| Procurement Advice/Comments: |