

## OFFICE OF PURCHASING, TRAVEL AND FLEET MANAGEMENT OBJECTION TO SOLE SOURCE DETERMINATION (0SS)

## **VENDOR FORM**

## INFORMATION ABOUT THE VENDOR/INDIVIDUAL SUBMITTING OSS FORM

Vendor/Representative Name:	
Responsible Contact:	
Phone/Email/Fax Contact:	
	RFIN#:
INFORMATION ABOUT THE PURC	HASING AGENCY
Agency:	
Proposed Commodity Provider Name: _	
believe that you, your company, or anoth	ner entity can provide the commodity required by the Agency.