San Angelo Independent School District Sole Source Affidavit

a person known to me to be the person whose signature	appeared,, appears below, who after being duly sworn upon his/her
oath deposed and said:	
My name is; I ar felony and am competent to make this affidavit.	m over the age of 18, have never been convicted of a
2. I am an authorized representative of the follo	owing company or firm:
3. The above named company or firm is the sole firm in the United States of America sells or distr	e source of the following item(s) and no other company or ibutes the products listed below:
4. Competition in providing the above named ite patent, copyright, secret process, or monopoly.	em(s) or product(s) is precluded by the existence of a Please indicate the status below:
	s) available for purchase that would serve the same or the above named item(s) or product(s) because of
Signature of Authorized Official	Title of Authorized Official
SUBSCRIBED AND SWORN to before me on this	day of, 2
(Seal)	Notary Public Signature
	Print Name
	My Commission Expires
Company:	
Address:	
City, State, Zip Code:	
	_ Fax Number: ()
Contact Person:	
Cc: file	

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Fax: 325.947.3837