

SINGLE TENDER ACTION REQUEST FORM

Reference No.	
Lead Partner Name	
Project Partner Name (if applicable)	
SEUPB Programme Support Officer	
SEUPB Financial Officer	
Project Description	
Project Objectives	
Details of the goods or services to be provided.	
How does this work fit in with the overall project Objectives and LOO	
Which budget line does this STA request relate to?	
Contract Amount	
Proposed Provider	
What evidence has been gathered indicating that this is the only possible provider.	
Is this evidence on file	
With reference to SEUPB Guidance Note 4 re Procurement , please provide a detailed rationale for the SEUPB to grant a Single Tender Action. This will be the written record setting out the reasons why the procedure should be used.	
Evidence that a negotiation procedure was in place to ensure value for money .	

Note: This form must be returned to the Financial Controller (connor.mccarron@seupb.eu) for authorisation **and CC'd to the relevant Programme Support Officer.**