

**SINGLE VENDOR DECLARATION**

Date: 05 March 2024

PO No: TFSCPL/PO/23-24/000147

Vendor Name: Friends Fire Care

Product Description: Fire Extinguishers Refilling

Unit / Project Name: R&M, Chennai TFS

**Justification:**

**Only known supplier.** (List of the suppliers which were contacted below and the specific reasons why each was not a viable source).

**Only known qualified supplier or item.** (List the qualifications that each source or items meet. If another supplier offers a similar item, provide the item identification, supplier information and comparable pricing).

**Supplier proprietary item.** (The selected supplier is the only manufacturer of this item. List the reasons why no substitute item can be used and if no similar item is available).

**Franchise / Management / User Dept Directed.** (Provide a copy of letter, or memo or e-mail specifically directing this source).

**Item / Rate Contracted.** (Provide copy of the contract / agreement)

Friends Fire Care is a rate contracted vendor. So releasing PO to Friends Fire Care

*A. Rajan*  
05 Mar 24

Prepared By

*A. Rajan*

Approved By