



**Information Technology and Support Services  
Technology Equipment Purchase Approval Request**



*Please be sure to attach all supporting documentation. All requested information is required for approval.*

Requestor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Bldg./Rm#: \_\_\_\_\_ Phone: \_\_\_\_\_

(Please attach separate sheet with the following information if space is insufficient.)

Item Description (include make and model)	Quantity	Unit Price	Total

Description of Service: \_\_\_\_\_

Equipment/Service Vendor: \_\_\_\_\_

State Contracted? Yes \_\_\_\_\_ No \_\_\_\_\_ Contract # \_\_\_\_\_

Replacement? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Reason: \_\_\_\_\_

Equipment being replaced:

Make: \_\_\_\_\_ Model \_\_\_\_\_ Asset tag #: \_\_\_\_\_

Equipment/Service to be used in: a classroom \_\_\_\_\_ a lab \_\_\_\_\_ an office \_\_\_\_\_ other \_\_\_\_\_

Description of use: \_\_\_\_\_

Subject: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Goal: \_\_\_\_\_ Metric: \_\_\_\_\_

Purchase Total: \_\_\_\_\_

**Required Signatures:**

Requestor Signature: \_\_\_\_\_

Bldg./Dept. Administrator: \_\_\_\_\_ Budget Code: \_\_\_\_\_  
(Please print clearly)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ITSS Director: \_\_\_\_\_  
(Please print clearly)

Approved for Purchase? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, why?: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cabinet Level Admin.: \_\_\_\_\_  
(Please print clearly)

Cabinet Level Admin. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assistant Supt. of Admin. Svcs: \_\_\_\_\_  
(Please print clearly)

Approved for Purchase? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, why? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_