



**Information Technology and Support Services
Technology Purchase Request Form**



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

Requestor Name: _____ Title: _____ 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: _____

IT Chief Information Officer: _____
(Please print clearly)

Approved for Purchase? Yes _____ No _____

If No, why?: _____

Signature: _____ Date: _____