



USE THIS SIDE FOR TECHNOLOGY RELATED ITEMS

I. REQUESTING STAFF MEMBER:

Name: Department: Extension:

II. ITEM DESCRIPTION (Please provide all information below):

1. Manufacturer:
2. Model Name & Number:
3. Part Number:
4. Other equipment required for use:
5. Is there a yearly maintenance cost associated with this item? If so, please clarify where funding will come from after initial purchase year.

III. VENDOR INFORMATION:

1. Name:
2. Address:
3. Telephone: Fax:

IV. JUSTIFICATION (How will the item benefit your program and the students?):

V. PRICE, INCLUDING TAX, SHIPPING/HANDLING AND DELIVERY

Price: \$
Tax (8.75%): \$
S&H: \$

TOTAL (NTE \$1,200):

VI. DEPARTMENT APPROVAL:

Division Dean Date