

INFORMATION TECHNOLOGY REQUEST FORM

Name: _____ School/Department: _____

Contact number: _____

Description/who will be using this? :

Item (indicate quantity):

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Computer (indicate desktop/laptop) | <input type="checkbox"/> Audio Visual | <input type="checkbox"/> Security |
| <input type="checkbox"/> Network Drop | <input type="checkbox"/> Power Outlet | <input type="checkbox"/> Other (describe in detail) |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Software | |

Is this a new device or replacement? Replacement New

If Replacement, what is current device model?

Specifications/System Requirement: (may attach information)

Estimate Total Cost:

- Quantity _____
- Recurring: \$ _____ How often? _____
- Non-recurring onetime cost (purchase price): \$ _____

If software, License Type: Site Lab Single

Approval:

Building Administrator _____

Cost Center Administrator (if different from above) _____

Technology Administrator _____

Questions/Considerations:

1. How will this be used?

2. Will additional staffing or training be required?

Yes or No

3. Indicate source of support. Consider staff time, resources, etc.

- In-house (Obtain signature of Technology Services Director)_____
- Service Contract (Indicate vendor/sub-contractor contact information)_____

4. Estimate the life of this equipment before significant updates or changes need to be made:

Worksheet Items:

1. List any additional , materials or supplies that will be needed on an on-going basis (i.e., toner, paper, projector bulbs, etc)

2. Do you already have funds identified for this request (i.e., department funds, grants, gifts,etc.)?

Yes or No

If yes, please list the account code:

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