Office of Information Technology
Computer Equipment/Software Request Form

Date: __________________

Requested By: ___________________ Ext. __________ Needed by date: __________________

Please provide the following information for your request. OIT can assist with any necessary pricing or quotes. Multiple forms can be used if more items are required.

<table>
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<tr>
<th>Description</th>
<th>Quantity</th>
<th>Price Per Unit</th>
<th>Total Amount</th>
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TOTAL

Proposed Use/Expected Benefit: ______________________________________________________

____________________________________________________

IT Staff Recommendations/Input (If received): ________________________________________

____________________________________________________

Thirteen digit department account number
(necessary for fulfillment that requires purchase) — — — — — — — — — — — — — — —

Attach copies of any Information that would be helpful in processing your request. Submit completed form with necessary approved signatures to Information Technology Department. Thank you!

Requestor Sign-off Date

____________________________________ ______________
Chairperson/Manager Approval Date Vice President Approval Date

OIT USE ONLY: REFERENCE NUMBER: ____________________________