INFORMATION TECHNOLOGY
PURCHASE REQUEST

Contact Information:

Your Name: _____

School: _____

Department: _____ Room: _____

Date Submitted: _____ Phone: _____

E-Mail Address: _____

Project: _____

Fill in contact information so that we know how to get in touch with you.

Office Use Only:

HelpDesk No: _____ Originated: _____

Received By: _____ Entered: _____

Pre-Pay: _____ Faxed: _____

Use Stock: _____ See HD: _____

Refill Stock: _____ Other: _____

Deliver: _____ (School, IT Dept., Warehouse)

Leave this box empty.

School Financial Information:

	Budget Codes	Max. Amount(s)
Hardware:		$
Software:		$
Other:		$

Authorizing Signature: _____ **Date** _____

Project / Misc. Information:

_____

_____

_____

_____

_____

Authorizing signature is required to process all requests.** **(Principal/Director)

Don't forget to include all necessary information for items not on the IT Standard Equipment List, including: Vendor Information, Vendor Contacts, Item Descriptions, pricing, and shipping. Include additional pages as necessary.

Qty.	Part No.	Description	Vendor	Unit Price	Amount	T

Comments:

Subtotal:		
Tax:		T
Shipping:		
TOTAL:		

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