

REQUEST FORM FOR PURCHASE OF NEW TECHNOLOGY

Name of Person Making Request: _____ Date: _____

School/Department: _____

Technology Requested (describe the hardware and/or software; Apps – Please align with CCC):

Name of Vendor: _____ Price: _____

Funding Source: District Grant: _____
specify grant

Account Number to be Charged: _____

Why have you chosen to integrate this specific technology/equipment?

Who will use this equipment? (name[s]/grade[s])

What specific training has/will the faculty receive?

Where and how will you secure the equipment?

APPROVED: YES NO

Signature: _____ Date: _____
Principal/Supervisor

APPROVED: YES NO

Signature: _____ Date: _____
Office of Curriculum

APPROVED: YES NO

Signature: _____ Date: _____
MIS Manager

Please Attach Price Quotes/Catalog Price if Applicable