

# Information Technology Equipment Review

## Instructions:

Please complete the form below and forward to the Division of Information Technology, Room E-517, along with any related quotations, advertisements or budget authorization documents. Please contact Ext. 6122 for additional information.

## Type of purchase (Please check all that apply)

- Computer
  - Desktop
  - Laptop
  - Server
- Printer
- Projector
- Network Device
- Software
- Consulting or Software Development
- Maintenance or Repair
- Equipment Leasing, Maintenance, or Repair Contract
- Peripheral \_\_\_\_\_

(External Disk Storage, Scanner, Docking Station, CD-ROM, DVD, Memory, etc)

## Description of purchase

Please be as specific as possible or include a vendor quotation. When possible, please list any of the following: (Manufacturer, model number, speed, Memory, Hard Drive, Operating System, CD, CDRW, DVD, Monitor size and type, etc)


## Contact Information

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Tel. \_\_\_\_\_

<b>DO NOT WRITE IN THIS BOX</b> Information Technology Only					
Reviewed By:	_____	Date:	_____		
Approved:	<b>YES</b>	<b>NO</b>	Rejected:	<b>YES</b>	<b>NO</b>
Reason for rejection:	_____				
Returned to Requesting Department, Date:	_____				