



OFFICE OF INFORMATION TECHNOLOGIES (OIT)
REQUEST FOR EQUIPMENT PURCHASE
Please forward completed form to OIT

NAME: _____ PHONE: _____ EMAIL: _____

CENTER/SCHOOL _____ PROGRAM/DEPARTMENT _____

DESCRIPTION (hardware, software, printers, peripherals, audiovisual, number of units)

PURPOSE:

SUGGESTED VENDOR:

Replacement Upgrade New Position

Network connection required? Yes No If yes, Ethernet Modem

New telephone jack required? Yes No New electrical outlet required? Yes No

Location: Building _____ Room Number _____

Other Special Requirements/Comments:

APPROVALS:

Account number to be charged: _____

Center/School/Department _____

Authorized Signature

DATE: _____

Office of Information Technologies _____

Authorized Signature

DATE: _____