



## Information Technology Purchase Request and Approval Form

For descriptions of standard hardware/ software, a listing of in-stock and non-stock items, and guidance on the correct form to use, please refer to the [IT Purchasing](#) website. This form is not for requesting in-stock items. To request those items, please use the Information Technology Deployment Request and Approval Form located at the link above. Please be thorough to avoid delays, Requests for purchase will be handled in the order received. Estimated costs are not required. Additional sheets may be added if necessary. Requests missing the **Customer Number to Bill** are unable to be fulfilled

<b>Requestor Information - This is an authorized requestor that can answer all questions about the request</b>				
Date submitted:	<i>Is this related to an accommodation need?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, name of HR contact	<b>Customer Number to Bill</b>
Requestor name:	Phone number:	Agency:	Department:	Division:

### STANDARD HARDWARE AND SOFTWARE

<b>Standard Hardware</b>		
Quantity:	Estimated cost:	Staff name(s) / positions:
Description:		Install address:
Contact phone #:		(Office # / Street / City)
Notes:		

Quantity:	Estimated cost:	Staff name(s) / positions:
Description:		Install address:
Contact phone#:		(Office # / Street / City)
Notes:		

<b>Standard Accessories</b>		
Quantity:	Estimated cost:	Staff name or position #:
Description:		Install address:
Contact phone #:		(Office # / Street / City)
Which laptop/tablet/PC model is this accessory for?		

Quantity:	Estimated cost:	Staff name(s) / positions:
Description:		Install address:
Contact phone #:		(Office # / Street / City)
Which laptop/tablet/PC model is this accessory for?		

<b>Standard Printers /Scanners</b>		
Quantity:	Estimated cost:	Staff name(s) / positions:
Description:		Install address:
Contact phone #:		(Office # / Street / City)
Accessories:		* Some models do not have accessories, please refer to standards page

Quantity:	Estimated cost:	Staff name(s) / positions:
Description:		Install address:
Contact phone #:		(Office # / Street / City)
Accessories:		* Some models do not have accessories, please refer to standards page

<b>Standard Software</b>		
Quantity:	Estimated cost:	Staff name(s) / positions:
Description:		Install address:
Contact phone #:		(Office # / Street / City)
Notes:		

Quantity:	Estimated cost:	Staff name(s) / positions:
Description:		Install address:
Contact phone #:		(Office # / Street / City)
Notes:		



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### NON-STANDARD HARDWARE OR SOFTWARE

**\*\* When non-standard hardware or software is being considered, additional approvals may be necessary. If you have a vendor quote, please attach it with this form for reference. Requests without exact manufacturer# / vendor item# may be delayed if this must be researched. \*\***

Non-Standard Hardware / Software (for all items not listed above)		
Quantity:	Estimated cost:	Staff name(s) / positions:
Full name of item:		Install address: (Office # / Street / City)
<i>Mfg# / Item #</i>		Contact phone #:
Reason for this request:		
Notes:		

Quantity:	Estimated cost:	Staff name(s) / positions:
Full name of item:		Install address: (Office # / Street / City)
<i>Mfg# / Item #</i>		Contact phone #:
Reason for this request:		
Notes:		

**Requests require authorization by the IT Purchasing Approver / IT Manager before processing, additional approvals may be required according to cost thresholds and departmental procedures.**

Department Approvals			
TITLE OF APPROVER	DATE	By checking the "Authorize" box and entering your name below, you are confirming your electronic signature and authorizing this form:	
Supervisor / Manager		Authorize: <input type="checkbox"/>	Name: _____
Other – Please provide title:		Authorize: <input type="checkbox"/>	Name: _____
Other – Please provide title:		Authorize: <input type="checkbox"/>	Name: _____
Other – Please provide title:		Authorize: <input type="checkbox"/>	Name: _____

*Once this request has been fulfilled, your business office will receive an invoice for the item(s) purchased. All fields below are not required but may be useful for tracking purposes. All purchases must be budget checked. Please keep a copy of this request form for your records.*

For Business Office Use		
Department Purchase Authorization # :	Bus Unit/ GL Unit:	Department ID:
Program Code:	Fund Code:	Project Code:
Acct/Expense Code(s):	Name of Business Office Staff:	
Accounting Notes:		