



DEPT.	DATE
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ORIGINATOR	DATE NEEDED
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ITEM NO.	DESCRIPTION	QUANTITY	UNIT	EST. UNIT PRICE	EST. TOTAL COST

If this purchase is for technology-related equipment or software (computers, peripherals, audiovisual equipment), please answer the following questions.

Where will these items be located and used?	What curricular or work applications will this hardware or software support?	Are you aware of anyone else at the college who might benefit from these items?
Do you anticipate any problems with these items being shared by faculty and staff?	Please state any other rationale for this request.	

VENDOR NAME	VENDOR STREET ADDRESS		
P.O. BOX	CITY	STATE	ZIP
ACCOUNT CODE	PHONE		
	FAX		
	APPROVED (CHAIR OR SUPERVISOR)		
	APPROVED TECHNICAL PURCHASE		
	APPROVED		
	APPROVED		