

FORM C
REQUEST FORM FOR COMPUTER(S), SERVER(S), LAPTOP(S), PRINTER(S)

DIP/CIP Indicator: Goal # _____ Section _____ Initiative # _____

Date of Request: _____ Campus/Department _____ Telephone # _____

Name of Person Needing Equipment: _____

Title: _____ Room/Office: _____

DESCRIPTION OF COMPUTER

Account Number: _____

Allocated Amount for Equipment: _____

Computer Quantity: _____ Amount of Memory: _____ Hard Drive: _____

or Laptop Quantity _____ Monitor size: _____ CD Rom: _____

Other Extras: _____

State reason why you are requesting equipment. [Ex: new employee, computer is old (how many years)]

DESCRIPTION OF PRINTER

Account Number: _____

Allocated Amount for Equipment: _____

Printer Qty: _____ Laser (Black/Color) _____ Deskjet _____ Page Per Minute: _____

If requesting a color printer instead of black please explain why.

Signature of Person Requesting _____ Date

Principal/Department Approval Signature _____ Date

DESCRIPTION OF MISC.

Account Number: _____

Allocated Amount for Equipment: _____

Qty. _____

Description of Item

Signature of Person Requesting _____ Date

Principal/Department Approval Signature _____ Date

PLEASE RETURN COMPLETED FORM TO THE TECHNOLOGY