

ITD SUPPLY/ SERVICE/ EQUIPMENT REQUEST

Requestor Section

Date: _____ Requestor: _____ Approving Manager: _____

Need By: _____ UR #: _____ Department: _____

<u>Item Name/Description</u>	<u>Quantity</u>	<u>Cost Unit</u>	<u>Sub-Total</u>

Customer Proposal Approved: ☐ Yes ☐ No ☐ ITD use ☐ N/A

Monthly billing: \$ _____ One-time billing: \$ _____ Savings: \$ _____

Comments: _____

Tax: \$ _____

Total: \$ _____

Vendor Info

Potential or Preferred Vendor(s): _____

Comments: _____ SLEB: ☐ Yes ☐ No

Finance Unit

Budget Year: _____ Account #: _____ Org #: _____ Program #: _____

Fixed asset: ☐ Yes ☐ No If Yes, give estimate: \$ _____

Credit Card Purchasable: ☐ Yes ☐ No

Contract List Update: ☐ Yes ☐ No

Finance Unit Signature: _____ Date: _____

Comments: _____

Approval

ITM/ISM Signature: _____ Date: _____

Assistant Director / CTO: _____ Date: _____

CIO Signature: _____ Date: _____

Comments: _____