



Technology Request Form

School: _____ Date: _____

Room #/Location: _____
(where technology requested will be located)

Name/Phone of person requesting item: _____

Internal Funding Code: _____

Estimated Total Cost: _____

Requested Technology:	Quantity:	Price Per Item:	Total Cost:

Verifications:

- I have provided an internal funding accounting code.
- I have read and reviewed the District's Approved Technology List and have ensured the requested technology abides by this policy and / or have attached educational or business justification for the requested technology.
- I understand that if I have requested technology that is not on the District's Approved Technology List that this may limit or disqualify technical support that may be offered by the District Technology Staff.
- I understand that if Maintenance determines additional costs to accommodate the technology being requested additional funding may be required to accommodate this technology hardware request.

_____ _____
Requestor Signature *Date*

_____ _____
Principal / Program Supervisor Signature *Date*

_____ _____
Technology Department *Date*