REQUEST FOR TECHNOLOGY EQUIPMENT

Note: Requests for technology equipment must be approved by Director of Information Technology.

REQUISITION INFORMATION

Date: _____

Requisition Number: _____

Department/Location:
Room# _____

Requested By: _____

ITEM DESCRIPTION/RATIONALE

FUNDING SOURCE

Account Number: _____

Is this a Grant?
Circle Yes or No Account# _____

Grant Name: _____

Approved: _____ Denied: _____

Signature: _____

Reason for Denial: