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**Equipment & Information Technology Systems Request Form**

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| 1. Date: | 1. Organization: | |
| 1. Organization Address: | | 1. Contact Name: |
| 1. Contact Email Address: | | 1. Contact Phone: |
| 1. Condition:   Replace existing hardware  Upgrade existing hardware  New  Lease | | |
| 1. Category – Check all that apply:   Desktop Computer  Laptop  Copier  Copier  Scanner  Fax  Phone  Tablet  Television  Projector  Infrastructure (server, wiring, etc.)  Software  Capital Improvement  Furniture (items < $1,000 per unit)  Licenses  Other | | |
| 1. Description of Equipment: (item, make, model, and quantity) | | |
| 1. Total Projected Cost: (breakdown cost to item, per unit cost, total cost, funding source, % of funding source) | | |
| 1. Description of how equipment will be used: | | |

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| For Approval by OEWD | | |
| Date | Name | Signature |