



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
Grand Total			

Verifications:

- I have provided an internal funding account 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 install the technology being requested, additional funding may be required to accommodate this technology hardware.
- By signing, I understand that items purchased outside of the established replacement cycle will not be replaced by Technology when they become broken, obsolete, undesirable, or unsuitable for school purposes.

Requestor Signature _____ Date _____

Principal/Program Supervisor Signature _____ Date _____

Technology Department _____ Date _____