

TSS Department Technology Quote Request Form

Date Requested _____ Requestor _____

Technology Requested/Quantity _____

Purpose of Purchase _____

Location of Technology Purchase (Room #) _____

When to Purchase Requested Technology _____

Desired Date of Technology Delivery _____

Comments/Additional Notes Regarding Technology Needs _____

Director of Technology Signature

Expenditure Code _____

Technology Department Use Only

Dates Quote Requested _____

Vendors _____

Date Quotes Received _____

Date Quote Sent to Contact Person(s) _____

For Purchases over \$5,000, Board Agenda Date for Memorandum Requesting
Permission to Purchase _____

Date Ordered _____

Estimated Time of Arrival _____

Requisition Number _____ Purchase Order Number _____