

Requisition For New Technology Purchases - Continued

QTY	PRODUCT DESCRIPTION	VENDOR	PRICE	NETWORK Yes or No
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Attach copies of any descriptive information available (i.e., product brochures, catalogs, etc.)

SIGNATURES *Director/Supervisor's assessment of appropriateness in meeting instructional and/or administrative outcomes is required

Requested by: _____

Principal: _____

To Be Completed by the following Central Office Personnel Only: (Please note that a purchase order number is required before purchasing technology and all signatures must be obtained before requesting a purchase order number.)

Approved: Yes No Resubmit Explanation for denial: _____

*Director/Supervisor: _____ Date: _____

Approved for Purchase: Ordering procedures: _____
 Yes No Explanation for denial: _____

Technology Coordinator: _____ Date: _____

Approved Funding: Yes No Explanation for denial: _____

Asst. Dir. for Finance and Administration: _____ Date: _____