



# 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: \_\_\_\_\_