INFORMATION TECHNOLOGY
PURCHASE REQUEST

Contact Information:

Your Name:
Department:
Room:
Phone:
Date:
Project:

Fill in contact information so that we know how to get in touch with you.

IT Office Use Only:

HelpDesk No: | Originated:
Received By: | Entered:
Pre-Pay: | Faxed:
Use Stock: | See HD:
Refill Stock: | Other:
Deliver:

Leave this box empty.

Financial Information:

	Budget Codes	Max. Amount(s)
Hardware:		$
Software:		$
Other:		$

Authorizing Signature: **Date**

VP / Area head Signature: **Date**

Project / Misc. Information:

Please contact Information Technology for items not on the IT Standard Equipment List

Qty.	Part No.	Description		Unit Price	Amount	T

Comments:

Subtotal:
Tax: T
Shipping:
TOTAL: