INFORMATION TECHNOLOGY
PURCHASE REQUEST

PIEDMONT COMMUNITY COLLEGE

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**

Project / Misc. Information:

_____
_____
_____
_____
_____

Authorizing signature is required to process all requests.

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

Qty.	Part No.	Description	Unit Price	Amount

Comments:

Subtotal:	
Tax:	T
Shipping:	
TOTAL:	