

# REQUEST FORM FOR PURCHASE OF NEW TECHNOLOGY

Name of Person Making Request: \_\_\_\_\_ Date: \_\_\_\_\_

School/Department: \_\_\_\_\_

Technology Requested (describe the hardware and/or software; Apps – Please align with CCC):

Name of Vendor: \_\_\_\_\_ Price: \_\_\_\_\_

Funding Source:  District  Grant: \_\_\_\_\_  
specify grant

Account Number to be Charged: \_\_\_\_\_

Why have you chosen to integrate this specific technology/equipment?

Who will use this equipment? (name[s]/grade[s])

What specific training has/will the faculty receive?

Where and how will you secure the equipment?


APPROVED:      YES      NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Principal/Supervisor

APPROVED:      YES      NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Director of Innovation, Instruction, and Professional Development

APPROVED:      YES      NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Director of Technology

**Please Attach Price Quotes/Catalog Price if Applicable**