

The purpose of the Technology Purchase/Project Request Form is to encourage project planning and to ensure the appropriate use of COE resources. This form collects information to assist in the determination of the alignment of the proposed technology with the COE's curriculum, information, and technology needs. Additionally, it will assist the user in identifying an accurate cost estimate of the project or purchase.

All technology requests, including computer hardware, tablets, printers, video equipment, classroom multimedia equipment, etc., require the completion of a technology purchase request form. **Please note, this form is not to be used for software purchase requests – there is a separate form.**

1. Complete this form and save in its original PDF format, so that the form is still fillable. Please do not print out and scan to PDF.
2. Attach any price quotes, specifications, or other documentation that may be relevant to your request.
3. Email the completed PDF file and any attachments to **tech-purchase-request@ed.isu.edu**.
4. The COE Technology Office will then review your request, checking for compatibility with current systems and any additional costs that may be incurred.
5. After review and approval from the COE Technology Office, your request will be routed for additional signatures and approvals.
6. Incomplete forms or forms needing more information will be returned to the original submitter.
7. Attach additional sheets if needed.

Technology Purchase/Project Request Form

To be completed by the requester:

Date: _____ Name: _____

Department: _____ Project Name (if applicable): _____

1. Describe the project and/or the specific items that are requested for purchase.

2. Is this request to replace existing equipment? Yes No

If yes, why is your current equipment inadequate?

If no, explain your need for additional equipment.

3. Please describe how the purchase of this item is strategic to the accomplishment of COE or department level curriculum goals?

4. Please include any other pertinent information that supports your project request.

5. What is your implementation date/timeline?

6. In-Service: If applicable, what type of in-service will be required to train faculty users? Who will be responsible? Will there be any costs involved?

7. Other comments:

To be completed by the COE Technology Office:

8. Are the items requested for purchase compatible with current technology in the COE? If not, please include or reference any other upgrades or purchases required to support the item being requested. Also include any recurring costs associated with this purchase.

9. Please choose: One-time purchase If yes, estimated life-cycle in years.
Is an ongoing license required: Yes No

Item	Estimated Cost	Notes
Equipment Cost		
Implementation Costs		
Annual Costs		
Licensing Costs		
Upgrades to Electric		
Upgrades to Cabling		
Peripheral Equipment Costs		
Other Costs		
Total		

10. COE Technology Office Comments:

To be completed by department chair, UBO, or Dean:

11. Identify the index code the item(s) will be purchased from: _____

12. Department chair/UBO/Dean comments:

Signatures and Approvals:

Routing	Signature - Sign by typing in your name	Date
Requester		
Technology Office		
Department Chair		
Dean		
UBO		