

Information Technology
Acquisition Request Form

Form IT-G

Name: _____ Department: _____

Supervisor Signature: _____ Date: _____

Fund Name: _____ Fund Number: _____

Hardware, Software, or Service requested

Briefly describe the need for the item(s) or services requested

	Vendor	Part Number	per unit cost	units	total
1.					
2.					
3.					
4.					
5.					

Items below to be completed by IT Department

() Item/service is currently available at SWCC
Note: _____

() Item/service requested is compatible with existing systems
Note: _____

() Approved () Not Approved: _____

Director of Technology: _____ Date: _____

President: _____ Date: _____