

WISD Technology Purchase Approval Form

Requested by: _____ Phone #: _____

Intended for: _____ Location: _____ Room: _____

ID of Computer(s) item is to be installed on: _____

Account Numbers: _____

Supervisor's Signature: _____ **Date:** _____

Vendor Information

Company: _____ Contact/Sales Rep: _____

Phone #: _____ FAX #: _____

Vendor Email Address: _____

Hardware Product Information

Manufacturer: _____ Brand Name: _____

Model Number: _____ Item/Catalog #: _____

Product Description: _____

Quantity: _____ Price: \$ _____ Shipping: \$ _____ Hardware Total: \$ _____

Software Product Information

Publisher: _____ Software Title: _____

Software Version: _____ Item/Catalog #: _____

Product Description: _____

Quantity: _____ Price: \$ _____ Shipping: \$ _____ Software Total: \$ _____

PURCHASE ORDER TOTAL \$ _____ **Product Information Attached?** Yes No

Which Tech staff member should be notified when the product arrives? _____

Technology Director's Approval: _____ **Date:** _____