

Initiator's Email:

Priority:

Marple Newtown School District Technology Equipment Project Form

Project Information	Funding
Project Name:	Source -- PPA, Technology Fund, Capital Projects, PTO, Other:
Room #/Building:	
Description:	Budget Code:

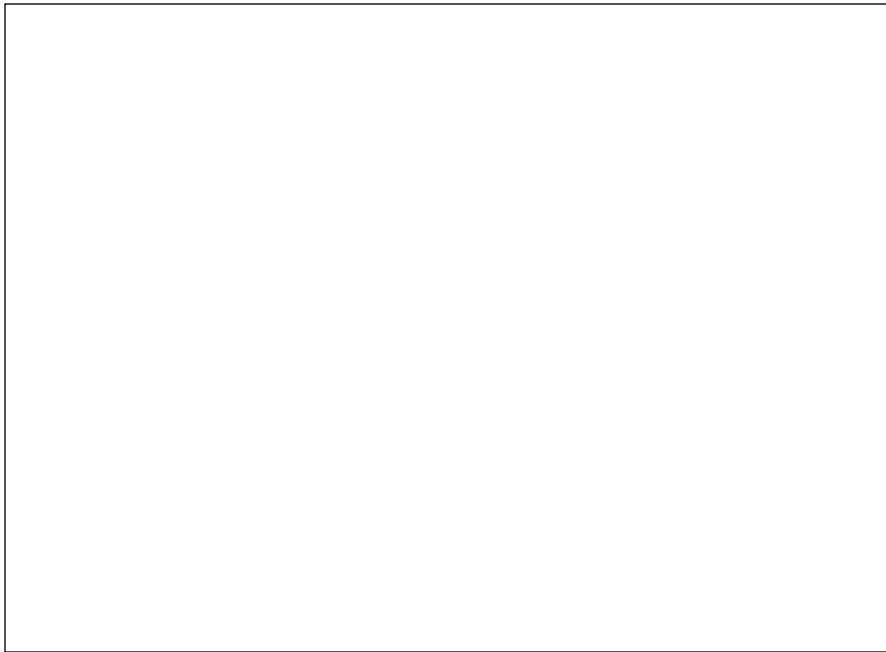
Please complete one form per classroom/office/project. Be sure that everything is complete and that all required items for the project are included. By signing this, you indicate that this is complete and that all items needed to complete the project are listed below.

Form must be submitted by approving Principal to Assistant Superintendent.

Technology Equipment (Actual equipment to be selected by the Technology Department)			
Item Description	Quantity	New or Replacement	Educational Justification
		<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	

Utilities	Check if Needed	New or Moved	Educational Justification
Network Wiring	<input type="checkbox"/>	<input type="text"/>	
Telephone	<input type="checkbox"/>	<input type="text"/>	
Additional electrical outlets	<input type="checkbox"/>	<input type="text"/>	
Other (please describe)	<input type="checkbox"/>	<input type="text"/>	

Please indicate on room sketch the approximate desired location of technology equipment, furniture or utilities. Use the following codes on the diagram:



- D = Door Location
- E = Equipment Location
- F = Furniture Location
- O = New outlet(s)
- T = Telephone
- W = Window location

Authorizations:

Person initiating Form: School/Grade:

Signature: _____ Date: _____

Principal Approval (Signature): _____ Date: _____

Route to Assistant Superintendent

Action: Approved Disapproved

Asst. Superintendent Signature: _____ Date: _____

Forward to Director of Technology

Action: Approved Disapproved

Dir. of Technology Signature: _____ Date: _____

Director of
Technology
Notes:

