

USD 250 Technology Request Form

Requested by: _____ Date: _____

Building: _____ Phone: _____ Email: _____

Technology equipment, software or service being requested: _____

Is this new technology or a replacement: _____

Location where technology will be used: _____

Intended use of equipment, software or service: _____

Suggested vendor (optional): _____

Expected cost: _____

Suggested funding source: *(If left blank, purchase will not be filled until district funds are available)*

Priority: Low Medium High

Comments: _____

Building Administrators Approval

Signature

Date