Mounds View Public Schools Technology Department Software Request Form

All Software must be purchased by the Technology Department

*Required Fields

*Name:		*Date Sub	*Date Submitted:		
*School: *Position:			*Ext		
*Room Number:	*Grade Level:				
*Purpose for Request:					
*Who will provide training in	use of software?				
*How many computers will the	is be installed on?	Staff	Student	Lab	

* List Software here:	Expected Cost:
* Required Signatures/Approval	
*Principal Signature	
*Accounting Code for Purchase	
Comments:	

Software Requests will be reviewed monthly by the Director of Technology; Orders will be placed upon approval

(This portion completed by District Technology Staff)					
Request Approved?	□Yes OR □No Co	omments/Recommendation:			
Initial Date_		PO#	_ Date:		
		Installed by:	_ Date:		

Please send completed form to: Director of Technology at Pike Lake