Sycamore Community Schools
Hardware/Software Purchase Request

Project Title: _____ Request Date: _____

Name (person submitting request): _____ Building: _____

Dept. Chair Signature (if applicable): _____

Building Principal Signature: _____

Funding Resource: _____

Software

Title _____

Company _____

Version _____ Copies _____ Cost _____

Total _____

Site License Cost_____

OS Requirements _____

Platform ☐ Win ☐ Mac

Processor Speed (CPU) _____

Memory (RAM) _____

Network Version _____

Office Use Only

Approval Signature: _____

Approval Date: _____

Hardware

Title _____

Company _____

Model _____

Model _____

_____Quantity Cost_____ Total _____

Memory (RAM) _____

Hard Drive _____

☐ CD ☐ CD-R ☐ CD-RW

☐ DVD ☐ DVD ☐ DVD-RW

Video Card _____

Network Card _____

Monitor _____ ☐ Flat Panel

Peripherals (specify) _____

_____

☐ Admin/Office Workstation

☐ Teacher Workstation

☐ Student Workstation

Reason of Purpose (attach separate sheet if needed):

_____

_____

_____

This form MUST be sent to the Technology Office for approval. When approved, the form will be returned and MUST be attached to the Purchase Order for payment. Any purchases made without approval will not be financially supported.