LAKEWOOD
SCHOOL DISTRICT
17110 16th Drive NE, Marysville, WA 98271
(360) 652-4500

Technology Purchase Request

All technology purchases must be approved by the district's Technology Director, and the Finance Director in ADVANCE of any purchase.

Name _____ Date of Request _____

School _____ Room/location _____

What items(s) are you requesting and how many?

☐ Printer(s):	☐ App's for device:
☐ Computer: circle one Desktop Laptop	☐ Software:
☐ iPad:	☐ Document Camera:
☐ Tablet:	☐ Video Camera:
☐ Accessories for iPad/tablet:	☐ Other:

Specific name of each item requested (Attach a copy of the specifications to this document):

How will this item support student learning?

When and how will this technology be used?

What supporting/specific software (if any) is required to maintain this item?

How many students will be working with this technology?

How is this being funded?

Who will fund maintenance/support of this technology?

Is there anything more you want us to consider when making a decision regarding this purchase?

I understand that all district purchases are the property of Lakewood School District and must be used for the intended purpose listed above.

Signature of requesting staff member

Signature of Building Administrator

Approval Process:

Step 1: Director of Technology Approval

To be completed by the district's Technology Director:

- ☐ Is the item compatible with existing technology?
- ☐ Does the item align with the district long-term technology plan?
- ☐ Will there be a cost to the district to maintain this item? Please explain and give approximate cost associated with maintaining this item. _____

Director of Technology Signature: _____

Date

Step 2: Instructional Technology Approval-Optional

Executive Director of Teaching and Learning approval needed for this funding source and verifies appropriate expenditure.

☐ **Yes** ☐ **No**

Executive Director of Teaching and Learning: _____

Date

Step 3: Director of Finance Approval

Director of Finance approves funding source and verifies appropriate expenditure

☐ **Approved** ☐ **Denied**

Director of Finance Signature**:** _____

Date

Revised 3/13/25