

Technology & Software Purchase Request Form

The purpose of the Technology & Software Purchase Request form is to encourage project planning and to ensure the appropriate use of WRPS resources. This form collects information to assist in the determination of the alignment of the proposed technology or software with the District's curriculum, information and instructional technology needs. It will assist the user in identifying an accurate cost estimate of the project.

All technology initiative requests, including computer hardware, software, computer services, video equipment, classroom multimedia equipment, etc., require the completion of this request form. Completed forms should be submitted to your department chair or building technology rep. Incomplete forms will be returned to the submitter.

Date submitted: [Click here to enter text.](#) Name: [Click here to enter text.](#) Building: [Click here to enter text.](#)

Department: [Click here to enter text.](#) Room: [Click here to enter text.](#)

Project Name: [Click here to enter text.](#)

1. Describe the project and any specific items that are requested for purchase. [Click here to enter text.](#)
2. Is this request to replace existing equipment? Yes No
 If yes, why is your current equipment inadequate: [Click here to enter text.](#)
 If no, explain your need for additional equipment. [Click here to enter text.](#)
3. Please describe how the purchase of this item is strategic to the accomplishment of our curriculum goals. Has this purchase been discussed with the CII Committed Chair(s) and approved by the appropriate CII Committee? If so, when? [Click here to enter text.](#)
4. Are items requested for purchase compatible with current technology in the District? Please explain. If not, please include or reference any other upgrades or purchases required to support the item being requested. Also include any recurring costs associated with this purchase. [Click here to enter text.](#)
5. Please Mark: One-time purchase. If yes, estimated life-cycle in years: [Click here to enter text.](#)
 Is an ongoing license required: Yes No Explain: [Click here to enter text.](#)
6. Cost estimates (please complete all lines that are applicable to this budget request):

ITEM:	ESTIMATED COST:	QUOTE EXPIRATION DATE:
Acquisition Costs	Click here to enter text.	Click here to enter text.
Implementation Costs	Click here to enter text.	Click here to enter text.
Annual Costs	Click here to enter text.	Click here to enter text.
Licensing Costs	Click here to enter text.	Click here to enter text.
Upgrades to Electric	Click here to enter text.	Click here to enter text.
Upgrades to Cabling	Click here to enter text.	Click here to enter text.
Peripheral Equipment Costs	Click here to enter text.	Click here to enter text.
Other Costs	Click here to enter text.	Click here to enter text.
TOTAL	Click here to enter text.	Click here to enter text.

7. Identify account the item will be purchased from: [Click here to enter text.](#)
8. Please include any other pertinent information that supports your project request: [Click here to enter text.](#)
9. What is your implementation date/timeline? [Click here to enter text.](#)

For Software Requests:

Name of Software: [Click here to enter text.](#) Version: [Click here to enter text.](#)

Operating System Windows 7 WindowsXP Macintosh OSX **Note:** PC software MUST be **Windows XP and Windows 7** compliant. Macintosh software MUST be OSX 10 compliant. Software not meeting these requirements will not be purchased or installed.

Hardware Requirements:

Processor: [Click here to enter text.](#) Disk Space: [Click here to enter text.](#) Memory: [Click here to enter text.](#) Server: [Click here to enter text.](#) Is this software request for individual, site or network licenses? If it is for a site license, does it cover the entire building or a set number of computers? (Often, a site license only covers 25 or 30 machines.) Does a server need to be purchased? [Click here to enter text.](#)

Inservicing: What type of inservicing will be required to train faculty users? Who will be responsible for this? Will there be any costs involved? [Click here to enter text.](#)

Please begin routing this form to each of the positions below. Once completed send to the **Technology Department Attn. Technology Department Secretary.**

APPROVAL

	DATE:	SIGNATURE:
Department Chair:		
Building Technology Rep:		
Building Principal:		
Director of Curriculum:		
Director of Pupil Services: (if Applicable)		

Approved by Director of Technology

Signature of Director of Technology

Date