



## 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 technology needs. Additionally, it will assist the user in identifying an accurate cost estimate of the project or purchase.

All technology initiative requests, including computer hardware, software, computer services, video equipment, classroom multimedia equipment, etc., require the completion of a technology request form. **Please note, this form is not to be used for iPad Apps Requests — there is a separate form for iPad Apps that can be found on the WRPS Technology Site.** Completed forms should follow the routing list at the end of this form. Incomplete forms or forms needing more information will be returned to the original submitter.

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Date Submitted:

Name:

Building:

Department:

Room:

Project Name:  
(if applicable)

1. Describe the project and/or the specific software items that are requested for purchase.

2. Is this request to replace existing software?      Yes      No

If yes, why is your current software inadequate?

If no, explain your need for new software?

3. Please describe how the purchase of this software is strategic to the accomplishment of District, building or department level curriculum goals?

4. Is the software 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 software being requested.

5. Please choose one:      One-time purchase      Annual License Fee

If an annual license fee exists, include yearly costs and any initial setup fees.

6. Name of Software:

Version:

7. Operating System (Note: PC software MUST be **Windows 7 and above compliant**. Macintosh software MUST be OS X 10.6 **compliant**. Software not meeting these requirements will not be purchased or installed.)

Windows 7 or greater

Macintosh OS X 10.6 or greater

Other (Please Explain):

8. Hardware Requirements:

Processor:

Disk Space:

Memory:

Server:

**Cost estimates:** Please complete all applicable costs associated with this request.

<i>ITEM</i>	<i>ESTIMATED COST</i>	<i>QUOTE EXPIRATION DATE</i>
Software Costs		
Initial Setup Costs		
Annual Fee Costs		
Licensing Costs		
Other Costs		
<b>TOTAL</b>		

9. Identify account the item will be purchased from:

10. Please include any other pertinent information that supports your request.

11. What is your implementation date/timeline?

**In-service:** If applicable, what type of in-service will be required to train faculty users? Who will be responsible? Will there be any costs involved?

Other comments:

Please begin routing this form to each of the positions below:

<i>APPROVAL</i>	<i>DATE</i>	<i>SIGNATURE</i>
Department Chair		
Building Level Technology Coach or Coordinator		
Building Principal		
Director of Curriculum <i>(if applicable)</i>		
Director of Pupil Services <i>(if applicable)</i>		

**When all signatures are collected send to the Technology Support Secretary at Central Office.**

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Director of Technology

\_\_\_\_\_  
Date approved