TECHNOLOGY ORDER FORM

(AV, Computer Hardware & Software, etc.) **DISTRICT TECHNOLOGY SERVICES**

DISTRICT BUILDING	ā:			DATE:	
DEPARTMENT:					
STAFF MEMBER:					
VENDOR NAME:					
VENDOR ADDRESS	:				
VENDOR PHONE #:			VENDOR FAX #:		
QUANTITY NEEDED	CATALOG NUMBER (If available)	DETA	ILED DESCRIPTION OF IT	EM (S)	UNIT PRICE (If available)
		PAYMENT RES	SPONSIBILITY		
Building Code:					
Grant Name/Code:					
Other (be specific):					
PURCHASE AUTHO Building Principal/	PRIZED BY: Administrator Signature				
	PLEAS	E RETURN THIS COMPLE	TED AND APPROVED F	ORM TO:	

PLEASE RETURN THIS COMPLETED AND APPROVED FORM TO: TECHNOLOGY SERVICES Attention: Nancy Mann