

JHCEHSHS STUDENT TECHNOLOGY FEE REQUEST FORM

Procedure for Submission:

Form Updated: 12/10/12

1. Submitter must obtain all required information from the desired vendor(s). An official quote from the vendor must be attached.
2. Only one request per Request Form. This request must be reviewed, approved, and submitted by the requesting program's Department Chair.
3. The Dept. Chair may email this request to the Tech Fee Director. *Since some departments will have multiple requests, please rename request in the following format: Dept # (rank, 1 being the highest priority) and a brief title*

Dept. making request: ECPSE

Requesting Faculty: Dr. Sakui Malakpa

Date Submitted: 8 Feb 2013

IMPORTANT: Attach an official quote from the vendor.

List one item OR group (for use as a "package") per page.

Item Name	Vendor Info. (name, address, Web site URL, phone #, email, etc.)	Part or Model #	Cost (each)	Qty	Total
Braille Note update	Humanware	08-SNT4052	159.00	1	
		Labor	125.00	1	
		Freight	25.00		
					310.00

Course(s) where item(s) will be used: SPED 5000, SPED 2040, student advising

Location equipment or software will be used/stored: Assigned classrooms, GH 4000-S

Provide a brief description of the technology requested*:
 The Braille Note is a mini extremely useful device with capabilities for word processing, data storage, planning, and calculation.
 The output is in both braille and voice. Like the JAWS software, it needs updating every few years.

Briefly describe how the technology will be used (function)*:
 This device is used with all my courses and various professorial activities; e.g. student data (and I have, on average, sixty-five students per semester). The device is an aide to take notes during class to allow the instructor a trustworthly system of communicating and meeting students' needs. The device is also used to calculate grades and other data. It is therefore vital to all the courses I teach.

Provide a rationale that Tech Fee funds are appropriate for this request*:
 As mentioned above, this device supports classroom work for an average of sixty-five (65) students per semester. In other words, the device directly impacts students and classroom instruction.

*Keep in mind that the committee members come from a variety of educational backgrounds and may not be familiar with department specific language. Please use concise, common terminology so that committee members reviewing this form will be able to fully understand the request.



HumanWare USA Inc
 P.O. Box 800
 1 Ups Way
 Champlain, NY 12919
 Phone : (800) 722-3393
 Federal tax # 68-0167209

Fax : (888) 871-4828

Quote	Q0014392
Date	2013/02/06
Expiration Date	
	Page 1 of 1

Bill to : 014509

The University of Toledo
 Accounts Payable Office
 2801 W Bancroft St
 Toledo, OH 43606-3328
 United States

Ship to : DR.MALAKPAHOME

Sakui Malakpa
 2365 Cheltenham Rd
 Toledo, OH 43606-3233
 United States (419) 508-8138 cell

Purchase Order No.	Sales person	Shipping Method	Payment Terms
PHONE 02-07-2013	REPAIRS	UPS GROUND	NET 30 DAYS

Ord. Qty	Item	Description	Unit Price	Discount	Ext. Price
1	RNW-MPOWER	MPOWER- NO WARRANTY REPAIR 42025	0.00		0.00
1.00	LABOR	LABOR	125.00		125.00
1	08-SNT4052	MPOWER BATTERY ASSEMBLY FOR NT067 BD	159.00		159.00

PLEASE TAKE NOTE THIS IS ONLY A PARTIAL QUOTE AND
 PRICES MAY BE SUBJECT TO CHANGE

Subtotal	\$284.00
Freight	\$26.00
Tax	
Total \$	\$310.00

*This quote is valid for 30 days unless specified.
 Please refer to this Quote number when issuing your P.O.
 Taxes will be waived upon proof of exemption.