STUDENT TECHNOLOGY FEE REQUEST FORM

Procedure for Submission:

Form Updated: 8/11/16

- 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 School Chair.
- 3. The School Chair may email this request to the Tech Fee Director. Since some schools will have multiple requests, please rename request PDF files

| in the following format: Schoolname# (rank, 1 being the highest priority) example - SocialJustice1, SocialJustice2, etc. | | | | | | | | |
|--|--|--------------------|-------------|-------------|--|--|--|--|
| Dept. making request: | Requesting Faculty: | | | | | | | |
| IMPORTAN | T: Attach an official quote from the v | endor. | | | | | | |
| 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) | | | | | |
| Course(s) where | | Expected life of | # S | itudents | | | | |
| item(s) will be used | | product (years) | Impact | ed per Year | | | | |
| Location equipment or software will be used/stored | Will Tech Fee funds be needed for annual renewals or maintenance? | | | | | | | |
| Provide a brief description of the technology requested*: | | | | | | | | |
| Briefly describe how the technology will be used (function)*: | | | | | | | | |
| Provide a rationale that Tech Fee | e funds are appropriate for this request*: | | | | | | | |
| | | | | | | | | |

*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.

• If you are submitting a request for computers, printers, scanners or software, you must consult with College Computing and the technology staff, to acquire a quote and to make sure that this equipment/software is supported by UT and compatible with existing technology.

US

Quote 300000876663.1

| Salesperson | Quote Details | Billing Details |
|----------------------------------|----------------|---|
| Salesperson Name | Quote Date | Company Name |
| Sofia Nestler | 10/06/2016 | UNIV OF TOLEDO |
| Salesperson Email | Quote Validity | Customer Number |
| Sofia_Nestler@Dell.com | 11/05/2016 | 129212819 |
| Salesperson Phone | Solution ID | Phone Number |
| 1800456-3355 | - | 1 (419) 3833426 |
| Salesperson Extension 5139161 | | Address 2801 W BANCROFT ST TOLEDO OH 43606-3328 |

Price Summary

| Description | Quantity | Unit Price | Subtotal Price |
|---|----------|------------|----------------|
| Dell Color Smart Multifunction Printer - S5840cdn | 1 | \$906.56 | \$906.56 |
| Dell S5840 Series S5840cdn Series 550-sheet tray | 1 | \$254.99 | \$254.99 |
| Dell B5840cdn Series 2GB Memory DIMM | 1 | \$110.49 | \$110.49 |

| Subtotal *Taxable Amount *Non-Taxable Amount Tax Shipping and Handling | \$1,272.04 \$0.00 \$1,272.04 \$0.00 \$0.00 |
|--|--|
| Environmental Fee | \$0.00 |
| Total | \$1,272.04 |