STUDENT TECHNOLOGY FEE REQUEST FORM

Procedure for Submission: Form Updated: 9/05/17

- 1. Submitter must obtain required information from vendor(s). An official quote from the vendor must be attached. No website screen shots
- 2. 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. Please submit as one PDF file

Dept. making request: Reque		Requesting Faculty:	y:			Date Submitted:			
IMI	PORTANT	: Attach an o	fficial quote from t	he ver	ndor.				
	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)		Total
Course(s) where					Expected life o		# Stu		
item(s) will be used					product (years		Impacted	per Year	
Location equipment o		Will Tech Fee needed for annual renewal or maintenance? What is the annual cost?							
software will be used/stored maintenance? What is the annual cost?									
Transa a silor accomplicit of the technology requested .									
Briefly describe how the technology will be used (function)*:									
Briefly describe flow t		ogy will be used (it	indudity.						
Provide a rationale that Tech Fee funds are appropriate for this request*:									
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*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 <u>must</u> 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.



PAGE: 1 OF 2

ACKNOWLEDGEMENT: QT-101617-012

DATE: 10/16/2017

YOUR ORDER NO: QUOTE

ROUTE TO: DEBBIE ALLGIRE

QUOTE

Phone 724-941-9704 | Fax 724-941-1369 | www.skcinc.com

Please Note: QUOTATION

PRICES VALID FOR 60 DAYS

CREDIT TERMS PENDING APPROVAL

SOLD TO ID: 008413

TOLEDO-UNIV OF-TOLEDO UNIV OF TOLEDO HLTH SCI

2801 W BANCROFT AVE APRIL AMES

TOLEDO OH 43606 SCHOOL OF POP HLTH

TOLEDO OH

SHIP TO ID:

SHIP VIA: BEST WAY

FREIGHT: SHIP POINT FREIGHT: Prepay And Add

TERMS: 0 % Within 0 Days, Net 30 Days

US DOLLARS

LN# ITEM QUANTITY UM UNIT PRICE EXTD PRICE DLVRY DATE

Please reference QT-101617-012 when placing an order.

Freight is Pre-Pay and Add unless otherwise noted. Any applicable sales tax is not included on this quote.

Requester:APRIL AMES Phone:419-383-5341

Fax/Email:APRIL.AMES@UTOLEDO,EDU

001	100-3002K5A	1	EA	7,337.00	7,337.00 10/16/2017
	PUMP KIT, LELAND LEGACY, LI-ION, 5 PK, SGL-STN CHG, C	CE			
002	225-9594	2	EA	2,381.88	4,763.76 10/16/2017
	BIOSAMPLER KIT (115V)				
003	311-1000	1	EA	615.48	615.48 10/16/2017
	FLOWMETER W/STAND,300-3000 ML				
004	225-76A	5	EA	247.48	1,237.40 10/16/2017
	SAMPLER, IOM, SS				
005	220-5000TC-K5D	1	EA	6,043.48	6,043.48 10/16/2017
	PUMP KIT, AIRCHEK TOUCH, HI/LOW FLOW, LI-ION, 5-PK				
006	*QUEST	1.00	EA	3,394.80	3,394.80 10/16/2017
	QUEST SPECIAL ORDER				

PAGE: 2 OF 2

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US DOLLARS

LN#	ITEM	QUANTITY	UM	UNIT PRICE	EXTD PRICE DLVRY DATE
	755-QT46NM				
007	755-5000K5-AC3	1	EA	7,874.28	7,874.28 10/16/2017
	NOISE DOS, EDGE 5, 5-PK, W/CAL				