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:			ate Submitte	ed:							
IMPORTAN	IT: 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 #			Qty	Total						
Course(s) where		Expected life of # Students										
item(s) will be used		product (years	Impacted p	npacted per Year								
Location equipment or	Will Tech Fee funds be needed for											
software will be used/stored annual renewals or maintenance? Provide a brief description of the technology requested*:												
Trovide a brief description of the	ic teelinelegy requested .											
Briefly describe how the techno	slogy will be used (function)*:											
Briefly describe flow the technic	blogy will be used (fullction) .											
Provide a rationale that Tech Fe	ee 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 <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.



IN # DECODIDATION

QUOTE

P.O. Box 8090 Cranston, RI 02920-0090 (401) 942-9363 Toll Free 1-800-556-7464 Toll Free Fax 1-800-682-6950 e-mail: mfathletic@mfathletic.com

www.mfathletic.com

AMOUNT

SHIP TO: Univ of Toledo MS 119 Rm 2503

Attn. Andrew Misko

2801 W. Bancroft Street

Toledo, OH 43606

INSTRUCTIONS:

ODDEDED DACK ODDEDED CHIPDED IM

SHIP POINT SHIP VIA SHIPPED DATE **TERMS** NET 30

MFAC, LLC R&L Carriers

> CUSTOMER # INVOICE DATE ORDER# 39064 02/01/17 2332024-00 PO# PAGE#

> > DDICE

Quote

BILL TO: Univ of Toledo MS 119 Rm 2503

Attn. Al Wermer

2801 W. Bancroft Street

Toledo, OH 43606

LN #: DESCRIPTION:	OKDEKED:	BACK ORDERED:	SHIPPED:	UM:	PRICE:	AMOUNT:
1 3608	1			each	4995.00	4995.00
FREEMOTION DUAL CABLE CROSS						
				Total		4995.00
				Freight		450.00
				Invoice	Total	5445.00

Everything Track & Field

