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: Requesting Faculty:					Date Submitted:				
IMPORTANT: Attach an official quote from the vendor.									
			e item OR group (for ι			er page.			
Item Name Vend		Vendor info. (na	Vendor info. (name, address, Web site URL, phone #, email, etc.)		Part or Model #	Cost (e	ach)	Qty	Total
Course(s) where					Expected life o		# Stu		
item(s) will be used					product (years		Impacted	per Year	
Location equipment of software will be used/					ch Fee needed for a nance? What is the		or		
Provide a brief descri		technology reque	sted*:						
		,							
Briefly describe how t	he technolo	nav will he used (fu	ınction)*:						
Briefly describe flow t		ogy will be used (it	induction, .						
Provide a rationale the	at Tech Fee	funds are appropr	riate 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.



Toll Free: (800) 944-7868 Phone: (905) 319-1960 Fax: (716) 297-0411

QUOTE

Thank you for the opportunity to quote on your business!

Created Date

13/10/2018

Quote Number

00002645

QUOTE IS VALID FOR 30 DAYS.

Burlington ON L7L 6B4

FREIGHT IS SUBJECT TO CHANGE AT TIME OF SHIPMENT.

Account Name The University of Toledo

Canada

Contact Name Lucinda Bouillon Phone (419) 530-6697

Company Address 1200 Burloak Dr.

Bill To Health and Human Services Room 2003G

Mail Stop 119 2801 W.Bancroft St Toledo OH 43606

US

Email lucinda.bouillon@utoledo.edu

Prepared By Kevin Krakar Payment Terms Net 30

Shipping Method Tail/lift gate delivery

Product	Sales Price	Quantity	Discount	Total Price
Battery powered	\$500.00	2.00	10.00%	\$900.00
CTT - Cardon Treatment Table with Easy Reach Soft Touch Footswitch	\$2,415.00	2.00	10.00%	\$4,347.00
LI-ION CHARGER	\$175.00	1.00	100.00%	\$0.00

Signature: _

Name: _ Date: _

Shipping \$275.02 included at N/C for this order.

U.S. FUNDS.

To accept this quote, kindly fill in below and send via email or fax.