

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.					

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
Course(s) where item(s) will be used		Expected life of product (years)		# Students Impacted per Year	
Location equipment or software will be used/stored		Will Tech Fee needed for annual renewal or maintenance? What is the annual cost?			
Provide a brief description of the technology requested*:					
Briefly describe how the technology will be used (function)*:					
Provide a rationale that Tech Fee 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.



SKC Inc.
863 Valley View Road
Eighty Four, PA 15330 USA

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

PAGE: 1 OF 1
ACKNOWLEDGEMENT: CPR101118-001
DATE: 10/11/2018
YOUR ORDER NO: QUOTATION
ROUTE TO: DEBBIE ALLGIRE

QUOTE

Please Note: QUOTATION
PRICES VALID FOR 60 DAYS
CREDIT TERMS PENDING APPROVAL

SOLD TO ID: 008413
TOLEDO-UNIV OF-TOLEDO
2801 W BANCROFT AVE
TOLEDO OH 43606

SHIP TO ID: APRIL
UNIVERSITY OF TOLEDO
APRIL AMES
961 JOLIET DR
MAUMEE OH 43537

SHIP VIA : GROUND SERVICE
FREIGHT: SHIP POINT
TERMS: 0 % Within 0 Days, Net 30 Days

FREIGHT: Prepay And Add

All return requests for special
order resell products are
subject to mfg/vendor approval.

All orders must be written
confirmation and the order cannot be
cancelled after receipt of order

LN#	ITEM	QUANTITY	UM	US DOLLARS UNIT PRICE	EXTD PRICE	DLVRY DATE
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QUOTATION LINE

001	*CUSTOM CUSTOM ORDER ITEM CALGAZ MIXTURE CO 100/H2S 25/50% LEL,O2 17%/N2 PN/ 804-715334883-82 APPROX 3 WEEK DELIVERY URO	1.00	EA	353.00	353.00	10/11/2018
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QUOTATION LINE

002	*Q-FREIGHT QUOTE - FREIGHT CHARGE GROUND SHIPPING PLUS HAZARDOUS FEES	1.000	EA	52.50	52.50	10/11/2018
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Quote Authorized By:	
NAME	[Signature]
TITLE	[Signature]
SIGNATURE	[Signature]

CUSTOMER SERVICE REPRESENTATIVE: TLH

TOTAL AMOUNT THIS ORDER:

405.50