## 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 red	quest:		Requesting Faculty:				Date Submi	tted:	
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	
	ation equipment or  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?  Provide a brief description of the technology requested*:									
		,							
Briefly describe how the technology will be used (function)*:									
Briefly describe flow t		ogy will be used (it	induction, .						
Provide a rationale that	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.

## **DRAFT**

Bill To:

Mesa Laboratories, Inc Butler Manufacturing Facility 10 Park Place Butler, NJ 07405 US Tax ID# 84-0872291

Expiration Date: 12/10/2018

Customer Number: C-100419

Quote Date:

Created By:

Quote Number: QT-055984

Ship To: Sales Rep:

MS 451 University of Toledo Medical Center 2801 W Bancroft St Toledo OH 43606 United States Timothy Niederkorn University of Toledo Medical Center 2801 West Bancroft Street MS-219 / EHRS Toledo OH 43606

Mydosh

kmydosh@mesalabs.com

Kathy

10/11/2018

Confirm To: Michael Valigosky

Customer PO	Terms	Ship VIA	Freight Terms	Incoterms
	Net 30	FedEx Ground®	Bill Recipient	EXW

Item Number	Item Description	Unit G	ty		Ext Amount
200-520H	Defender 520 High Flow	1			\$1,625.00
				Subtotal:	\$1,625.00
			S &	H Estimate:	\$31.00
				Order Total:	\$1.656.00

## Sales Terms

BY ACCEPTING THIS QUOTE/SALES ORDER AND ISSUING ITS PURCHASE ORDER, CUSTOMER ACKNOWLEDGES AND AGREES THAT, UNLESS OTHERWISE EXPRESSLY PROVIDED IN A WRITING SIGNED BY CUSTOMER AND COMPANY, THE SALE/PURCHASE OF PRODUCTS SHALL BE MADE UNDER AND BE GOVERNED BY THE SALES TERMS AND CONDITIONS WHICH ARE MADE AVAILABLE ON THE MESA LABORATORIES, INC. WEBSITE AT WWW.MESALABS.COM IN THE "ABOUT US" SECTION.

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