

## 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:	
<b>IMPORTANT: Attach an official quote from the vendor.</b>					

**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.

# Shortridge Instruments, Inc.

7855 East Redfield Road Scottsdale, Arizona 85260 (480) 991-6744

Company: UNIVERSITY OF TOLEDO  
Phone #: (419) 266-5491 Ext.  
From: Valerie Medlin  
Email: michael.valigosky@utoledo.edu

Attn: MICHAEL VALIGOSKY  
Fax #: ()  
Date: 01/26/18

**Complete this form and fax back to Shortridge Instruments, Inc. at (480) 922-3768 or (480) 368-8780.**

## CUSTOMER AUTHORIZATION FOR CREDIT CARD PAYMENT

***Billing name and address must match the information on file with the credit card company.***

Billing Address:

Name as it Appears on the Card: \_\_\_\_\_

Company Name if using Business Card: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address:

Company Name: \_\_\_\_\_

Attn: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mail Invoice To: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Customer's PO/Reference Number: \_\_\_\_\_

This is your authorization to charge the full dollar amount listed below to the credit card number entered below. The Terms and Conditions attached are incorporated as part of this order. All Sales are final. No merchandise can be returned for credit without the written consent of Shortridge Instruments, Inc. Shipping is FOB Origin, Signature Required upon delivery if order is over \$100.00. Your signature below confirms that you accept the above conditions and the attached Terms and Conditions.

Parts and/or labor included on this order are itemized on Page 2.

Total amount to be charged for this order on this card: \$ 5844.00

Check one: Business Credit Card:  Personal Credit Card:

Check one: Visa:  Master Card:  American Express:  Discover:

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Cust Code\*: \_\_\_\_\_

\*A unique number located on the front of the card above the credit card number, or on the back of the card on the signature strip.

Print name of individual authorized to sign card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**HANDWRITTEN SIGNATURE REQUIRED**

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Phone #: (419) 266-5491 Ext.  
From: Valerie Medlin  
Email: michael.valigosky@utoledo.edu

Attn: MICHAEL VALIGOSKY  
Fax #: ()  
Date: 01/26/18

<b>Order Information</b>			Quote #:	CO ID:	Order #:	Serial #:	
Qty	Part #	Item Description				@ Price in U.S. \$	= Total Price
1.00	ADM-880C	KIT, ADM-880C AIRDATA MULTIMETER KIT COMPLETE				3950.00	3950.00
1.00	8405	FLOWHOOD KIT, 5-TOP SET, NO METER				1800.00	1800.00

Shipping Method:	UPS-Surface	<b>Freight:</b>	<b>94.00</b>
Special Handling:	Please complete, sign and return.	<b>Taxes:</b>	<b>0.00</b>
Shipping is FOB origin and has been quoted to zip code 43606. Please be advised a signature will be required at time of delivery.		<b>Total amount to be charged:</b>	<b>5844.00</b>