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	e some schools will have multiple requests, ple	ase rename request PDF files
	in the following format: Schoolname# (rank, 1 being the highest priority) e	xample - SocialJustice1, SocialJustice2, etc.	Please submit as one PDF file

Dept. making request:	Requesting Faculty:		Da	ate Submit	tted:	
IMPORTAN	F: Attach an official quote from the v	endor.				
	List one item OR group (for use a		er page.			
Item Name	Vender info (name address Web site UPL Part or Model					
Course(s) where		Expected life	of I	# Stuc	dents	
item(s) will be used		product (years	s)	Impacted	per Year	
Location equipment or		Tech Fee needed for tenance? What is the				
software will be used/stored Provide a brief description of the						
From the a brief description of the	technology requested .					
Briefly describe how the technology	oay will be used (function)*:					
Brieffy describe now the technolog	ogy will be used (function).					
Drovido o rotionalo that Tach Fac	fundo aro annyonziato faz thia zaguaatzi					
Provide a rationale that Tech Fee	e 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.

Shortridge Instruments, Inc.

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

Company:UNIVERSITY OF TOLEDOPhone #:(419) 266-5491Ext.From:Valerie MedlinEmail: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	1:		
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: <u>\$ 5844.00</u>							
Check one: Business Credit Card:			Personal Credit Ca	rd:			
Check one: Visa:		Master Card:		American Express:		Discover:	
Credit Card Number:	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							

Shortridge Instruments, Inc. 7855 East Redfield Road Scottsdale, Arizona 85260 (480) 991-6744

Company: Phone #: From: Email:	UNIVERSIT (419) 266-54 Valerie Med michael.vali	491 Ext lin	OLEDO Attn: MICHAEL Ext. Fax #: () Date: 01/26/18					LIGOSKY	
Order Infori	mation	Quote #:	Q050693	CO ID:	018972	Order #:		Serial #:	
Qty Part #			lt	Item Description			@ Price in U.S. \$	= Total Price	
1.00	ADM-880C	KIT	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	Freight:	94.00
Special Handling:	Please complete, sign and return.	Taxes:	0.00
	Shipping is FOB origin and has been quoted to zip code 43606. Please be advised a signature will be required at time of delivery.	Total amount to be charged:	5844.00