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 us			er page.			
Item Name		Vendor info. (name, address, Web site URL, phone #, email, etc.)			Part or Model #		Cost (each)		Total
Course(s) where					Expected life of	f	# Stu	dents	
item(s) will be used	m(s) will be used				product (years)		Impacted per Year		
	Location equipment or Will Tech Fee needed for annual maintenance? What is the annual maintenance? What is the annual maintenance?					or			
software will be used/ Provide a brief descri		tochnology rogue	stad*:	mainter	iance? what is the	annual cost?			
Provide a brief descrip	puon oi uie	technology reques	sieu .						
Briefly describe how the technology will be used (function)*:									
briefly describe flow the technology will be used (function):									
Provide a rationale that	at Tech Fee	funds are annroni	iate for this request*:						
Trovide a rationale the	at 10011100	ranas are appropr	idio for tino 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.



QUOTE

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

Thank you for the opportunity to quote on your business!

06/11/2019

00003568

Company Address 1200 Burloak Dr.

Burlington ON L7L 6B4

Canada

7L 6B4 Quote Number

QUOTE IS VALID FOR 30 DAYS. FREIGHT IS SUBJECT TO CHANGE AT TIME OF SHIPMENT.

Account Name The University of Toledo

Contact Name Tori Smith

Phone (419) 530-6678

Bill To Health and Human Services Room 2003G

Mail Stop 119 2801 W.Bancroft St Toledo OH 43606

USA

Email tori.smith@utoledo.edu

Ship To

Created Date

Health and Human Services Room 2003G

Mail Stop 119 2801 W.Bancroft St Toledo OH 43606

USA

Prepared By Michael Piersanti Delivery Date 25/10/2019
Shipping Method Tail/lift gate delivery Payment Terms Net 30

Product	Sales Price	Quantity	Discount	Total Price
BATTERY CHARGER	\$150.00	2.00	100.00%	\$0.00
BATTERY INSTALLED	\$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 BATTERY	\$475.00	1.00	10.00%	\$427.50

Note Frame Color: Gunmetal Grey

Upholstery Color: Regimental Blue US 345

Absolute Transport - High Value Logistics - White Glove Delivery with Inside + Set Up

- Dunnage (Shipping Material) Removal

Subtotal \$6,605.00

Total Price \$5,674.50 Shipping and \$950.17

Handling

Grand Total \$6,624.67

U.S. FUNDS.

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

By signing and submitting this quote, you have agreed to the terms and conditions. Any changes or cancellations to your order will be subject to a 30% restocking fee.

Signature:		 	
Name:	 		_
Date:			