

## 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.

**Rehab Essentials**

PO Box 1310  
 Nederland, CO 80466 US  
 jonathan@rehabessentials.com

**Estimate**

ADDRESS
University of Toledo 2801 W. Bancroft St MS 119 Toledo, OH 43606

SHIP TO
University of Toledo 2801 W. Bancroft St MS 119 Toledo, OH 43606

ESTIMATE #	DATE	
1001	10/08/2019	

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
10/08/2019	<b>Medical Imaging</b>	Licensing Fee for Medical Imaging	1	3,000.00	3,000.00
10/08/2019	<b>Discount - CMB3</b>	15% discount on license fees for 3 module purchase	1	-450.00	-450.00
10/08/2019	<b>Pharmacology</b>	Licensing Fee for Pharmacology Program	1	2,000.00	2,000.00
10/08/2019	<b>Discount - CMB3</b>	15% discount on license fees for 3 module purchase	1	-300.00	-300.00
10/08/2019	<b>Screening for Medical Disorders</b>	Licensing Fee for Screening for Medical Disorders	1	2,000.00	2,000.00
10/08/2019	<b>Discount - CMB3</b>	15% discount on license fees for 3 module purchase	1	-300.00	-300.00
10/08/2019	<b>LogIn</b>	Additional User LogIn	40	40.00	1,600.00

TOTAL

**\$7,550.00**

Accepted By

Accepted Date