## 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.				
			e item OR group (for ι			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		# Students		
item(s) will be used					product (years		Impacted	per Year	
Location equipment of software will be used/					ch Fee needed for a nance? What is the		or		
Provide a brief descri		technology reque	sted*:						
		,							
Briefly describe how t	he technolo	nav will he used (fi	ınction)*:						
Briefly describe flow t		ogy will be used (it	induction, .						
Provide a rationale the	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.



## **Customer Quotation**

To:

UNIVERSITY OF TOLEDO HEALTH/SCIENCE 3000 ARLINGTON AVE TOLEDO OH 43614-2598 Information Date 10/17/2019 **Customer Account Number** 860151414 Grainger Quote Number 43454411 Customer Job Number **Contract Number Grainger Representative** Gregory Glowski Phone Number Fax Number Email Grainger Tax ID 36-1150280

Item	Description Manufacturer Name & Model	Cat. Qr	ty \$ Quote	Ext. Price	Start Date	Exp. Date
3GYD2	Ear Plug Fit Test System,250 to 4000 Hz	1	3,161.88	3,161.88	10/17/2019	12/31/2019
	HONEYWELL HOWARD LEIGH VERIPRO	Т				
	Country of Origin: USA					
			Total \$	3,161.88		

All orders are subject to the terms and conditions in your current contract with Grainger or to Grainger's current Terms of Sale as set forth on Grainger.com

Thank You!
Visit us at grainger.com