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	Vendor info. (name, address, Web site URL, phone #, email, etc.)	Part or Model #	Cost (ea	ch)	Qty	Total
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).					
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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.

PEA	RSON					ALW	AYS LEARNING	
P.O. Box San Anto Phone: 8 Fax: 800	Assessment 599700 nio, TX 78259 300-627-7271 -232-1223 D No: 41-0850527	Quote / Pro	oforma Inv	voice	Docume	Account Number: 1005723 Document Number: 120536 Document Date: 13-FEB-2019 Expiration Date: 15-MAR-2019		
Customer: UNIV OF TOLEDO								
Cor	ntact: JENNIFER REYNOLDS jennifer.reynolds21@utoledo.edu 419.530.4301							
Bill To: UNIV OF TOLEDO OFFICE OF STUDENT AFFAIRS WOLFE HALL 1227 MS 608 TOLEDO, OH 43606		Ship To: UNIV OF TOLEDO OFFICE OF STUDENT AFFAIRS WOLFE HALL 1227 MS 608 TOLEDO, OH 43606						
Line	Product		Qty	Units	List Price	Discount %	Amount	
1.1	30800 - BASC-3 MNL		13	EACH	\$109.25	40	\$852.15	
2.1	QG1BA3 - BASC-3 QG SCR 1 YEAR SU	JBS	28	EACH	\$50.00	40	\$840.00	

Payment Terms: Net 30

SUBS

30866C - BASC-3 QG DGT ADM INTP SM RPT 1YEAR

3.1

1 DCO

 Subtotal:
 \$1,692.15

 Charges:
 \$42.61

 Taxes:
 \$0.00

 (US Dollar) Total:
 \$1,734.76

\$0.00

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EACH

\$0.00