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:					
IMI	PORTANT	: Attach an o	fficial quote from t	he ver	ndor.							
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)		Total			
Course(s) where					Expected life o		# Stu					
item(s) will be used					product (years		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)*:												
Briefly describe flow t		ogy will be used (it	indudity.									
Provide a rationale that	at Tech Fee	funds are appropr	riate for this request*									
		. a.	into ioi tino roquost i									

*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.

PEARSON ALWAYS LEARNING

Pearson Assessment P.O. Box 599700 San Antonio, TX 78259 Phone: 800-627-7271

Fax: 800-232-1223 Federal ID No: 41-0850527

Customer: UNIV OF TOLEDO

Bill To: UNIV OF TOLEDO 2801 W BANCROFT ST TOLEDO, OH 43606-3328

Quote / Proforma Invoice

Account Number: 1005723 **Document Number: 120541** Document Date: 13-FEB-2019

Expiration Date: 15-MAR-2019

Ship To: UNIV OF TOLEDO 2801 W BANCROFT ST TOLEDO, OH 43606-3328

Line	Product	Qty	Units	List Price	Discount %	Amount
1.1	015833969X - DAS-II COMPREHENSIVE KIT W/SA	2	EACH	\$1,313.25	40	\$1,575.90

Payment Terms: Net 30 Subtotal: \$1,575.90

Charges: \$78.80 Taxes: \$0.00 (US Dollar) Total: \$1,654.70

Sales of Pearson Products by the Clinical Assessment group of Pearson, and the purchase and use of the Products by Customer, are conditioned upon acceptance of the published Terms and Conditions of Sale and Use of Pearson Products, and any applicable license agreements. The Terms and Conditions can be found in Pearson's catalogs, and at www.pearsonclinical.com/

Page 1 of 1 120541_0.pdf