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:	
IMPORTANT: Attach an official quote from the vendor.									
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	ere Expected life of				# Stu				
item(s) will be used					product (years)		Impacted	per Year	
Location equipment or software will be used/stored Will Tech Fee needed for ann maintenance? What is the an						or			
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*						
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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.



QUOTE

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

Thank you for the opportunity to quote on your business!

13/10/2020

00004227

Company Address 1200 Burloak Dr.

Burlington ON L7L 6B4

Canada

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 or 419-383-5040

Bill To Name The University of Toledo

Bill To Health and Human Services Room 2003G

Mail Stop 119 2801 W.Bancroft St Toledo OH 43606

USA

Email tori.smith@uteledo.edu

Ship To Name The University of Toledo

Ship To Health and Human Services Room 2003G

Mail Stop 119 2801 W.Bancroft St Toledo OH 43606

USA

Tax ID TBA

Created Date

Quote Number

Prepared ByJohn ChrissDelivery Date25/11/2020Shipping MethodWhite glove deliveryPayment TermsNet 30

Product	Sales Price	Quantity	Discount	Total Price
CTT - Cardon Treatment Table with Easy Reach Soft Touch Footswitch	\$2,415.00	2.00	10.00%	\$4,347.00
BATTERY INSTALLED	\$500.00	2.00	10.00%	\$900.00
BATTERY CHARGER	\$150.00	2.00	10.00%	\$270.00
LI-ION BATTERY	\$475.00	1.00	10.00%	\$427.50

Subtotal

Note Frame Colour: Gunmetal Grey

Upholstery Colour: Regimental Blue US345

Ship Via: AMS Transportation

Service Includes:

- Set delivery appointment

- Lift gate off the truck
- Inside delivery to the classroom
- disposal of any shipping materials.

Total Price \$5,944.50
Shipping and \$697.63
Handling
Grand Total \$6,642.13

\$6,605.00

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:			