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: | | | | |
|--|-------------|--|-------------------------|--|--|--|-------------|----------|-------|
| 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 | | Expected life of | | | | | # Stu | | |
| item(s) will be used | | | | | product (years | | Impacted | per Year | |
| Location equipment o | | | | | ch Fee needed for a nance? What is the | | or | | |
| maintenance? What is the annual cost? Provide a brief description of the technology requested*: | | | | | | | | | |
| | | , | | | | | | | |
| | | | | | | | | | |
| Briefly describe how t | he technolo | nav will he used (fi | ınction)*: | | | | | | |
| 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!

07/10/2019

00002954

Created Date

Quote Number

Company Address 1200 Burloak Dr.

Burlington ON L7L 6B4

FREIGHT IS SUBJECT TO CHANGE AT TIME OF SHIPMENT.

Canada

QUOTE IS VALID FOR 30 DAYS.

Account Name The University of Toledo

Contact Name Lucinda Bouillon Phone (419) 530-6697

Bill To Health and Human Services Room 2003G

Mail Stop 119 2801 W.Bancroft St Toledo OH 43606

US

Email lucinda.bouillon@utoledo.edu

Prepared By Michael Piersanti Payment Terms Net 30

Shipping Method Tail/lift gate delivery

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

Note Regimental Blue Upholstery Total Price \$5,674.50
Gun Metal Grey Frame Shipping and Handling
Grand Total \$5,949.52

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: | | | |



QUOTE

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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.

Created Date 19/02/2020

Quote Number 00003568

Account Name The University of Toledo

Contact Name Tori Smith

Phone (419) 530-6678

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@utoledo.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

Prepared By Michael Piersanti Delivery Date 13/03/2020
Shipping Method White glove delivery Payment Terms Net 30

| Product | Sales Price | Quantity | Discount | Total Price |
|--|-------------|----------|----------|-------------|
| BATTERY CHARGER | \$150.00 | 3.00 | 100.00% | \$0.00 |
| BATTERY INSTALLED | \$500.00 | 6.00 | 10.00% | \$2,700.00 |
| CTT - Cardon Treatment Table with Easy Reach Soft Touch Footswitch | \$2,415.00 | 6.00 | 10.00% | \$13,041.00 |
| LI-ION BATTERY | \$475.00 | 2.00 | 10.00% | \$855.00 |

Note Frame Color: Gunmetal Grey Total Price \$16,596.00
Upholstery Color: Regimental Blue US 345
Shipping and Handling \$1,631.57

Absolute Transport - High Value Logistics - White Glove Delivery with Inside + Set Up - Dunnage (Shipping Material) Removal

/hite Glove Delivery with Inside + Set Up Grand Total \$18,227.57

U.S. FUNDS.

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| Signature: | | | |
|------------|------|------|--|
| Name: | | | |
| Date: | | | |