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.							
List one item OR group (for use as a "package") per page.												
Item Name		Vendor info. (name, address, Web site URI 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 of software will be used/												
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.

MedBridge, Inc. 1633 Westlake Ave N, Suite 200 Seattle WA, 98109 Offer Valid Through: 9/15/2021 Prepared By: Robbie Phillips

Quote#: Q-00227

AE Email: robbie.phillips@medbridgeed.com

Order Form

Customer Information

University of Toledo 2801 Bancroft Street Toledo, Ohio,43606 United States **Primary Contact**: Kyle Parsons kyle.parsons@utoledo.edu 419.530.4750

Purchase Details

Subscription Term:12 monthsPayment Terms:Net 30Renewal Term:12 monthsBilling Frequency:Semiannual

Products

Product Name	UNIT PRICE	QTY	Subtotals		
Student	\$63.00	92	\$5,796.00		
Basic Customer Support	\$0.00	1	\$0.00		
	Subtotal:				
	\$1,472.00				
	\$4,324.00				
	\$4,324.00				