

STUDENT TECHNOLOGY FEE REQUEST FORM

Form Updated: 9/05/17

Procedure for Submission:

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:	Physical Therapy	Requesting Faculty:	David Kujawa	Date Submitted:	2/24/2022
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)	Qty	Total
Neuromuscular Stimulator	Ryan Pharmacy and Orthopedic	Roscoe	\$65.00	8	520.00
Course(s) where item(s) will be used	PHYT 5920; OCCT840		Expected life of product (years)	10	# Students Impacted per Year
Location equipment or software will be used/stored	HH 2304		Will Tech Fee needed for annual renewal or maintenance? What is the annual cost?		No
<p>Provide a brief description of the technology requested*: These devices are used to elicit motor responses in muscle and are used for rehabilitation of orthopedic and neurological problems. This equipment replaces devices that are 10 years old, are failing, and are no longer supported by the manufacturer.</p>					
<p>Briefly describe how the technology will be used (function)*: These devices will be used in instructional labs to teach students how to incorporate the modality of electrical stimulation into clinical practice for the purpose of neuromuscular reeducation and strengthening.</p>					
<p>Provide a rationale that Tech Fee funds are appropriate for this request*: This equipment will be used by students in the Occupational Therapy and Physical Therapy programs. This equipment is representative of what students will use in the clinic, therefore it is important that they have the opportunity to learn proper technique using state of the art equipment.</p>					

*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 must 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.

RYAN PHCY & ORTHOPEDIC
 3340 DORR STREET
 TOLEDO, OH 43607-2717
 419-531-2836

Q U O T E S H



Quote Date: 01/21/2022
 P.O. Number.:

Quote No.: 00241267
 Page No....: 1

BILL: UNIV OF TOLEDO PT SCHOOL
 TO: DAVID KUJAWA
 2801 W BANCROFT
 HH BLDG RM 2002
 TOLEDO, OH
 43614
 (H)419-530-6670 (W)419-000-0000

DELIVER:UNIV OF TOLEDO PT SCHOOL
 TO:DAVID KUJAWA
 2801 W BANCROFT
 HH BLDG RM 2002
 TOLEDO, OH
 43614
 419-530-6670

Date	Item Code	Qty	Item Description	Amount	Sales	Patient
Locatn.	Trans#	R/S	Manufacturer/Serial#	(Each)	Tax	Amount
	Proc. Cde		Brand Name / Model #			
1. 012122	DS2202 312465	8 Sale	ROSCOE NEURO MUSCULAR ROSCOE/ /	(65.00)		520.00

Carrier Information

Total....

.00 520.00

AMOUNT DUE

===== 520.00

Due From Others: .00

Delivery Information:

Delivery Zone: 1
 Region: B

Delivery Options: DELIVERY

Patient/Caregiver/Representative _____

Relationship _____

Date _____

Reason why patient cannot sign _____

CSR/Driver _____

TERMS-DUE UPON RECEIPT
 1.5% FIN CHG FOR PAST DUE