



EQUIPMENT REQUEST FORM

POSITION TITLE: _____ ANTICIPATED START DATE: _____
DEPARTMENT: _____ DIVISION: _____
SUPERVISOR: _____

ITEMS NEEDED:

COMPUTER:

Yes

No

LAPTOP:

Yes

No

PRINTER:

Yes

No

MONITOR:

Yes

No

DESK PHONE:

Yes

No

VOICEMAIL:

Yes

No

CELL PHONE:

Yes

No

IF CELL PHONE ALREADY EXISTS, PLEASE LIST THE PHONE NUMBER: _____
ADDITIONAL EQUIPMENT NEEDED:

DOES ITT NEED TO PURCHASE NEW?

DOES YOUR DEPARTMENT HAVE FUNDING IN EITHER LINE ITEM 572400 OR 57280 TO PURCHASE THE EQUIPMENT?

Supervisor: _____ Signature: _____
PLEASE PRINT NAME

Department Director: _____ Signature: _____
PLEASE PRINT NAME

ITT USE ONLY

Received by: _____ On: _____ Signature: _____
PRINT NAME DATE

Completed by: _____ On: _____ Signature: _____
PRINT NAME DATE