HARDWARE REQUEST FORM

Date: ________________________________

School\Department: ________________________________

Name of Requestor: ________________________________

Room#: ________________________________

Phone#: ________________________________

Cost: ________________________________ Budget Code: ________________________________

Name of Hardware: ________________________________

Description of Hardware: ________________________________

Instructional Purpose of Hardware: ________________________________

Other Specifications: ________________________________

Principal\Department Chair Approval: ________________________________ Date: __________

(Primary Schools\Secondary Schools)

Technology Department Approval: ________________________________ Date: __________

Assistant Superintendent
For Instruction Approval: ________________________________ Date: __________

❖ Budget Request by June 1
❖ Please attach quote

*Please reproduce this form as needed.