

Technology Purchase Review Form

Purpose: This form must be completed and submitted to the Technology Department for review before purchasing any technology to ensure compatibility, effectiveness, and compliance with organizational standards.

Requester Information

- **Name:** _____
 - **Department/Position:** _____
 - **Email:** _____
 - **Phone Number:** _____
-

Technology Details

1. **Type of Technology Being Purchased:**
 - Hardware (e.g., computers, printers, tablets)
 - Software (e.g., applications, licenses)
 - Other: _____

2. **Name/Model of Technology (if known):**

3. **Quantity of Devices or Licenses Needed:**

4. **Have you conducted prior research on this technology?**
 - Yes
 - No
 - If yes, please provide details (e.g., reviews, vendor consultations):

Reason for Purchase

5. What is the primary purpose of this technology?

6. How will this technology benefit your department or organization?

7. Are there existing tools or technologies that could fulfill this need? If yes, why are they insufficient?

Installation Details

8. Where will this technology be installed or used?

- Specific Location(s): _____
- Will it require network access or integration with existing systems? [] Yes [] No
 - If yes, please provide details:

9. Do you require assistance from the Technology Department for installation or setup?

- Yes
- No
- If yes, describe the assistance needed:

Budget and Approval

10. Estimated Cost of Technology: _____

11. Has this purchase been approved by your department head or supervisor?

- Yes
- No

12. Funding Source (Grant, Fundraising, District Funds, etc.)

Additional Notes or Comments

Requester Signature: _____

Date: _____

Office/Tech Use Only

- Reviewed By: _____
- Date Reviewed: _____
- Approved: [] Yes [] No
- Comments or Recommendations:

