



# TECHNOLOGY EQUIPMENT REQUEST FORM

MONITOR / DESKTOP / LAPTOP / PRINTER / PHONE

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Location: \_\_\_\_\_

Ext. Number \_\_\_\_\_

Department Head: \_\_\_\_\_

*(Please check the box of the equipment requested):*

Desktop w/ Single Monitor:

Desktop w/ Dual Monitor:

Laptop w/ Docking Station & Single Monitor:

Laptop w/ Docking Station & Dual Monitor:

Monitor Single:

Monitor Dual:

Printer:

Phone:

Current Equipment Service Tag # \_\_\_\_\_

Software:

Comments: \_\_\_\_\_

Budgeted:                      Yes                      No (Select one)                      G/L # \_\_\_\_\_

Requestor \_\_\_\_\_

Date \_\_\_\_\_

Department Head Approval \_\_\_\_\_

Date \_\_\_\_\_

IT Manager Approval \_\_\_\_\_

Date \_\_\_\_\_

Director Approval \_\_\_\_\_

Date \_\_\_\_\_