

COMPUTER HARDWARE / SOFTWARE REQUEST

DEPARTMENT:	DEPARTMENT HEAD:
CONTACT PERSON:	DATE OF REQUEST:
	DATE NEEDED:
HARDWARE / SOFTWARE NEEDED:	
JUSTIFICATION:	
FUNDING SOURCE (IF OTHER THAN DEPARTMENT BUDGET):	
APPROVALS:	
DEPARTMENT HEAD SIGNATURE:	
MIS SUPERVISOR SIGNATURE:	
COUNTY BUSINESS MANAGER SIGNATURE:	
DATE ORDERED: ITEM(S) ORDERED:	VENDOR NAME/ADDRESS: