



Requisition #: _____

Print This Form

Rev 2014-03-10r01

Specialized Equipment Request Form

Request Date: _____

Bldg./Dept.: _____

Requestor Name: _____

Manager Approval: _____

Requestor Ext: _____

Manager Email: _____

Requestor Email: _____

DIT CIO/VP/AVP Approval: _____

****** To request any non-standard equipment (i.e. computer, monitor, laptop, and tablet or Apple products) as well as equipment which is not required per Department Head (Dean/Chair/Director, etc.), please identify your proposed modifications to the standard configuration and provide a justification for the request.

Note: Please attach details for your specialized equipment to this form at submission time.

For Internal Use Only: If not approved, please explain below and advise requestor and approving manager:

Date Approved: _____

DIT Staff Approval Signature: _____

Date Approved: _____

DIT CIO/VP/AVP Signature: _____

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