



Req Date	
Req#	

For requests that fall outside of standard offerings below, please complete the Specialized Equipment Request Form.

Name		Purpose	<input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Lab
Email		Department	
Bldg/Room		Manager	
Phone		Mgr Email	

## Desktops, Monitors, Laptops, & Tablets

Note: Desktop configurations include mouse and keyboard

	Brand & Model	Qty
1		
2		
3		
4		
5		

## Accessories & Software

Accessories (i.e. laptop bags, USB hubs, secondary battery, etc.)	
Specialized Software	

When requesting specialized/extra software which has to be migrated/re-installed or new purchases (i.e. lab, classroom), DIT must ensure the licensing is validated. It is unlawful to install software on multiple desktops if only one license is purchased.

## Delivery

Deliver to a different location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Giving old system to someone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" for either question above, please specify the recipient's name, extension, email and location.			

Please send an email to [assetmanagement@bowiestate.edu](mailto:assetmanagement@bowiestate.edu) to notify them of any equipment transfer to ensure that the old equipment will be reassigned appropriately.

## Approval

Manager's Signature		Date	
Budget Account	<input type="checkbox"/> State <input type="checkbox"/> Title III <input type="checkbox"/> Grant	Dept ID	

DIT Approval Signature		Date	
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