TECHNOLOGY FORM E
ADMINISTRATIVE SOFTWARE / RENEWAL
(On Premise and Cloud Based)

Campus/Dept: _____

REQUESTER

Requester: _____

DIR _____   PRIN _____   Other _____

Software Renewal: Yes _____   No _____

Software Title: _____

Installation Type: On Premise _____   Cloud Based _____

Training (if needed):   Individual _____   Group _____   None _____

Comments:
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PRINCIPAL / DIRECTOR

Comments:
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TECHNOLOGY

Comments:
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SOFTWARE IMPLEMENTATION NOT REQUIRED

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FUNDING SOURCE

Vendor: _____   Cost: _____   QTY _____   Amount: _____

Account #
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* Justification Required If Denied *

Requester: _____   **Date:** _____

Principal / Director: _____   **Date:** _____

Approved: _____   Denied: _____

Technology: _____   **Date:** _____

Approved: _____   Denied: _____

Order of Submission: Requester ⟶ Principal / Director ⟶ Technology