Technology Software Purchase Request Form

The purpose of the Technology Software Purchase Request Form is to encourage project planning and to ensure the appropriate use of ACBOE resources. This form collects information to assist in the determination of the alignment of the proposed technology or software with the District's curriculum, information, and technology needs. Additionally, it will assist the user in identifying an accurate cost estimate of the project or purchase.

All technology initiative requests, including computer hardware, software, computer services, video equipment, classroom multimedia equipment, etc., require the completion of a technology request form.

Date Submitted: Name:

Department: Room:

Project Name:
(if applicable)

1. Describe the project and/or the specific software items that are requested for purchase.

2. Is this request to replace existing software? Yes No

   If yes, why is your current software inadequate?

   If no, explain your need for new software.

3. Please describe how the purchase of this software is strategic to the accomplishment of District, building, or department-level curriculum goals.

4. Is the software requested for purchase compatible with current technology in the District? Please explain. If not, please include or reference any other upgrades or purchases required to support the software being requested.

5. Name of Software: Version:

6. Operating System *(Note: software **MUST BE compliant with the latest OS for PC or MAC**. Software not meeting these requirements will not be purchased or installed.)*

   ☐ Windows ☐ MAC ☐ Chromebook ☐ Other:

7. Hardware Requirements (if applicable):

Memory: Server:

Processor: Disk Space:

8. Please choose one: One-time purchase Annual License Fee

Cost estimates: Please complete all applicable costs associated with this request.

ITEM	*ESTIMATED COST*	*QUOTE EXPIRATION DATE*
Software Costs		
Initial Setup Costs		
Annual Fee Costs		
Licensing Costs		
Other Costs		
TOTAL		

9. Identify the account the item will be funded from:

10. Please include any other pertinent information that supports your request.

11. What is your implementation date/timeline?

    In-service: If applicable, what type of in-service will be required to train faculty users? Who will be responsible? Will there be any costs involved?

Other comments:

Please begin routing this form to each of the positions below:

APPROVAL	*DATE*	*SIGNATURE*
Requester		
Building Level Technology Coordinator		
Building Principal		

When all signatures are collected send the form to the Technology Director at the Admin Building.

_____ _____

Director of Assessments & Special Projects (Technology) Date approved