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|----------|--|
| 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 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 | |
|------------------------|--|------|--|