



WILLISTON STATE COLLEGE INFORMATION TECHNOLOGY DEPARTMENT

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Technology Purchase Authorization Form

REQUESTED BY:

Contact Person: _____ Date: _____

Location: _____ Phone: _____

Purchase Justification: _____

Completion Target Date: _____

SOFTWARE VENDOR INFORMATION:

Software Name: _____

Company Name: _____

Software Description: _____

(Attach proposal) _____

Purchase Cost: \$ _____ Annual Maintenance Cost: \$ _____

Financial Codes: _____
Dept. Fund Acct. Initials

HARDWARE VENDOR INFORMATION:

Hardware Type: _____

Model/Brand Name: _____

(Attach proposal) _____

Purchase Cost: \$ _____ Annual Maintenance Cost: \$ _____

Financial Codes: _____
Dept. Fund Acct. Initials

PURCHASE AUTHORIZATION SIGNATURES *(must be completed):*

Requesting Person: _____ Date: _____

Requesting Person's Supervisor: _____ Date _____

Director for IT: _____ Date _____