|  |
| --- |
| **STEP 1 – DEPARTMENTAL OFFICE REQUEST - To be completed by the requesting office** |
| Office: |  |
| Desired Purchase Date: |  |
| Description of current hardware/software to be replaced : |  |
| Description of purchase: |  |
| Reason for purchase: |  |
| Expected cost: |  |
| Budgeted:  | YES | NO |  |
| Item 1 GL Accounts | Debit: | Credit: |  |
| Item 2 GL Accounts | Debit: | Credit: |  |
| Item 3 GL Accounts | Debit: | Credit: |  |
| Department Head Approval and Name: |  |
| **STEP 1 COMPLETED BY (NAME/DATE):** |  |
|  |
| **STEP 2 – FINANCIAL OFFICE REVIEW**  |
| Item 1 GL Accounts | Debit: |  | Credit: |  |
| Item 2 GL Accounts | Debit: |  | Credit: |  |
| Item 3 GL Accounts | Debit: |  | Credit: |  |
| **STEP 2 REVIEWED/COMPLETED BY (NAME/DATE):** |  |
|  |
| **STEP 3 – ADMINISTRATIVE SERVICES COST ESTIMATES** |
|  | Description of Item | Purchase from: | Price: |
| Item 1 Estimate: |  |  |  |
| Item 2 Estimate: |  |  |  |
| Item 3 Estimate: |  |  |  |
| **STEP 3 COMPLETED BY (NAME/DATE):** |  |
|  |
| **STEP 4 – REQUESTING DEPARTMENT REVIEW** |
| Item 1  | Accepted: | Not Accepted-Comments: |
| Item 2  | Accepted: | Not Accepted-Comments: |
| Item 3  | Accepted: | Not Accepted-Comments: |
| **STEP 4 COMPLETED BY (NAME/DATE):** |  |
|  |
| **STEP 5 – CHANCELLOR REVIEW** |
| Item 1 | Approved/Denied: | Amount: |
| Item 2  | Approved/Denied: | Amount: |
| Item 3 | Approved/Denied: | Amount: |
| **STEP 5 COMPLETED BY (NAME/DATE):** |  |

**Appendix B – (Policy on Technology, New Media and Digital Communication)**

**Procurement of Hardware/Software Request Form**

\*Steps one and two of this worksheet must be completed no fewer than 10 working days before the desired purchase date.

\*Upon completion of each section of this form, save as a Microsoft Word Document and the Director/Consultant should email to Administrative Services and Accounting (rherken@archkck.org, sotoole@archkck.org, cmills@archkck.org)