|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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](mailto:rherken@archkck.org), [sotoole@archkck.org](mailto:sotoole@archkck.org), [cmills@archkck.org](mailto:cmills@archkck.org))