Gobles Public School District
Software Acquisition Form

Date: _____

Building ☐ **District** ☐ **Building Name:** _____

Name of Software and when needed: _____

Grade level(s) using software: _____

Name of Teacher(s) or Principal requesting software:

_____

How does this software relate to district curriculum implementation?

_____
_____
_____
_____

System requirements to run software:

_____

Licensing details:

_____

Maintenance fees or any other important information:

_____
_____

- -

For Office Use Only

IT's signature of approval:_____ *Date:_____*

Superintendent's signature of approval:_____ *Date:_____*

P.O. #_____ *Vendor: _____* *Final Cost: _____*

Additional Notes: