



## Information Technology Deployment Request and Approval Form

This form must be completed for all deployment requests for up to 10 pieces of equipment (more require a deployment plan). Routine requests for deployment will be handled in the order received. Please be thorough to avoid delays. Requests missing the **Customer ID #** are unable to be fulfilled.

| Requestor Information                                  |   |         |                             |
|--|---|---------|-----------------------------|
| Date submitted:  | <u>Is this related to an accommodation need?</u> Yes <input type="checkbox"/> No <input type="checkbox"/> |         | If Yes, name of HR contact: |
| Requestor name:  | Phone number:   | Agency: | Department:                 |
| <b>Request #1 – Who is this for?</b>                   |   |         |                             |
| Staff name(s) or position #(s) if TBD:                 | Staff name(s) or position #(s) if TBD:  |         |                             |
| Division/Office Name:                                  | Division/Office Name:   |         |                             |
| Street/City Address (include suite/office#):           | Street/City Address (include suite/office#):  |         |                             |
| Phone number:  | Phone number:   |         |                             |
| <b>Customer ID for billing purposes</b> (i.e. AHS06) : | <b>Customer ID for billing purposes</b> (i.e. AHS06) :  |         |                             |

For descriptions of equipment, please refer to the [IT Purchasing](#) website. If you are unable to find the equipment or software you desire on this form, please use the [Information Technology Purchase Request and Approval Form](#) located at the link above.

| Request #1 – Hardware  | Request #2 – Hardware  | Request #3 – Hardware  |
|--|--|--|
| Equipment:   | Equipment:   | Equipment:   |
| Is this for a new IT asset or replacement/upgrade of an existing IT asset? | Is this for a new IT asset or replacement/upgrade of an existing IT asset? | Is this for a new IT asset or replacement/upgrade of an existing IT asset? |
| Monitor(s):  | Monitor(s):  | Monitor(s):  |
| Quantity of Monitors:  | Quantity of Monitors:  | Quantity of Monitors:  |
| Accessory:   | Accessory:   | Accessory:   |
| Accessory:   | Accessory:   | Accessory:   |

| Request #1 – Software | Request #2 – Software | Request #3 – Software |
|-----------------------|-----------------------|-----------------------|
| Software:             | Software:             | Software:             |

| Request #1 – Installation information | Request #2 – Installation information | Request #3 – Installation information |
|---------------------------------------|---------------------------------------|---------------------------------------|
|                                       |                                       |                                       |

| Request #1 – Disposition of old equipment | Request #2 – Disposition of old equipment | Request #3 – Disposition of old equipment |
|---|---|---|
|   |   |   |

| Other Relevant Information: |
|-----------------------------|
|                             |



## Information Technology Deployment Request and Approval Form

Requests require authorization by the IT Purchasing Approver / IT Manager before processing, additional approvals may be required according to cost thresholds and departmental procedures.

| Department Approvals          |      |   |       |
|-------------------------------|------|---|-------|
| TITLE OF APPROVER             | DATE | By checking the "Authorize" box and entering your name below, you are confirming your electronic signature and authorizing this form: |       |
| Supervisor / Manager          |      | Authorize: <input type="checkbox"/>   | Name: |
| Other – Please provide title: |      | Authorize: <input type="checkbox"/>   | Name: |
| Other – Please provide title: |      | Authorize: <input type="checkbox"/>   | Name: |
| Other – Please provide title: |      | Authorize: <input type="checkbox"/>   | Name: |
| Other – Please provide title: |      | Authorize: <input type="checkbox"/>   | Name: |

Once this request has been fulfilled, you will receive a bill from the DII Business Office within 30 days. For reference information regarding the items requested, please refer to the [IT Procurement](#) website. Only authorized business office personnel and Authorized IT Approvers / IT Managers will have access to this site.

| For Business Office Use                   |                    |                |
|---|--------------------|----------------|
| Department Purchase Authorization # /PO#: | Bus Unit/ GL Unit: | Department ID: |
| Program Code:                             | Fund Code:         | Project Code:  |
| Acct/Expense Code(s):                     | Class Code:        |                |
| Accounting Notes:                         |                    |                |

| IT Purchasing - Internal Use Only |
|-----------------------------------|
|                                   |