

Mississippi Department of Education

TECHNOLOGY PURCHASE REQUEST	DATE	
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TO: DEPARTMENT OF EDUCATION OFFICE OF TECHNOLOGY & STRATEGIC SERVICES	REQUESTOR NAME _____ TITLE _____ PHONE _____ OFFICE _____
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DESCRIPTION:

Provide a brief hardware/software description and quantities needed.

JUSTIFICATION:

Provide detail information to justify the purchase requested.

BUDGET CODES:

Provide funding codes and certify there is adequate budget authority to make this purchase.

Budget Year:		(Funds Certification- Signature)
Fund:		
Cost-Center:		
Internal Order:		

SIGNATURE/TITLE	DATE
Department Director	

FOR OFFICE OF TECHNOLOGY AND STRATEGIC SERVICES USE ONLY

REVIEWED BY _____	<input type="checkbox"/> DISAPPROVED
APPROVED BY _____	DATE _____