

## INFORMATION TECHNOLOGY SERVICES

Electronic Device Purchasing (EDP)

REQUESTED INFORMATION			Tracking Number:						
School Unit/Division									
Requestor Name/Budget Manager									
Telephone		Es	stimated Project Cost						
Name of IT Advisor									
Funding Source	☐ State (Dept. Funding) ☐ Title III ☐ Other Grant								
Will this equipment be purchased with a Purchase Card? ☐ Yes ☐ No									
<b>Verizon Wireless Purchase:</b> Is this p	ourchase for a <i>wireless</i> <b>Verizon Wireless Purchase:</b> What type of purchase?								
communications device?  ☐ Yes ☐ No			☐ New ☐ Upgrade ☐ Replacement						
SECTION A: Brief Description of what is being purchased. (In the box below, please provide a brief description)									
□ New System/Upgrade □ Expansion □ Replacement									
SECTION B: What is the primary use of the requested equipment/software? (In the box below, please provide a brief description)  □ Academic Instruction □ Administrative □ Research □ Service									
SECTION C: How will this purchase mitigate risks? (In the box below, please provide a brief description)  □ Strategic □ Operational □ Financial □ Reputational □ Regulations/Compliance									
SECTION D: For Software Reques	st <u>ONLY</u>								
Select the type that applies. □ Student related □ Staff related □ Faculty Related  How many licenses will be purchased or required?  Is there an annual renewal? □ Yes □ No									
SECTION E: Data									
Does this purchase of software service or device collect, store, process or distribute restricted data?  ☐ Yes ☐ No (i.e. any type data that will adhere to FERPA, HIPAA, other confidential data)  Will the data need to be backed-up? ☐ Yes ☐ No									
SECTION F: EQUIPMENT REQUESTS									
Location of Equipment (building/	room number)	Per	rson/Department equipn	nent Assigned to:					



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PART II: If this purchase is software or cost over \$ 1,000.00, please complete the section below.

List the University goal or objective in which this purchase addresses.							
Expected Date of Project Completion							
Target AUDIENCE: (Check	all that apply)	☐ Facult	y □ Staff	☐ Students	□ Other		
What departments will be affected by this project/ purchase?		List the functional users.					
ITS Support (Please indicate	e below the expecte	d ITS Suppo	rt) (In the box	below, please provi	de a brief desc	cription)	
□ Network Support □ Desktop Support		port	☐ Application Support ☐ Ot			Other Support	
List the measurable improvement outcomes. (In the box below, please provide a brief response)							
What dependencies if any are expected to already be in-place and operational for the project to be completed? (e.g. access							
to Student IDs from Banner	, phone numbers o	of all Univer	sity affiliate	s, list of all hou	rly emplo	yees, etc.)	
Provide a description of tasks which will be assigned to functional users. (In the box below, please provide a brief description)							
List the milestones to be acc	omplished. (Includ	de Dates) (In	ı the box below,	please provide a br	ief description	n)	
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					Date:		
						Date:	
						Date:	
EDP Authorization Signature	oo.					Bute.	
EDI Authorization Signature	:5.						
Vice President of President Linit / A - Jamie Demanter and					Data		
Vice-President of Business Unit/Academ			nic Depart	ment		Date	
Vice-President, Chief Information			n Office			Deta	
V 1Ce-l <sup>2</sup> 1	n Officer			Date			
Wise Described a Crise 1 ACC : (IC			J. (* 100 00	10.00\	_	Data	
Vice-President of Fiscal Affairs (If exceeds \$ 100,000.00)					Date		