

Secondary Device Purchase Justification & Quote Request Form

In order to make the best use of university or other funds, it is important for departments to consider all aspects in regard to purchase, maintenance and replacement of secondary computing devices including laptops, tablets, and/or iPads. This form not only serves to help the university justify the need for these devices, but also helps departments consider other budget and support implications of the purchase.

Once this justification has been approved by departmental or fund authorities, the CHS Business Office, and the CHS Office of Technology Services, a purchase order will be processed to purchase the device.

Please list the individual that will receive the secondary device being requested along with the type of primary device (laptop or desktop) currently provided to this person by the College of Health Sciences.

Name	
Position	
Department	
Division	
Primary Device	

Please list the type of secondary device requested:

Device Manufacturer: _____

Device Model: _____

Device Specifications (Memory, Processor, etc.): _____

Please provide a detailed justification of the business/academic need for the secondary device(s) and why these needs cannot be met with an existing laptop or desktop computer.

This should include specific details on how this device will be utilized to enhance and support student recruitment, retention and learning; support research; or enhance a business process in your office area.

Enhanced Model Justification

For most devices, standard configurations will be suitable to meet the user needs. However, if you are requesting a non-standard configuration, please justify the enhancements needed.

Device Storage

Secondary devices, including mobile devices, must be stored in a secure location, preferably at the device custodian’s work station, at all times. Secondary devices can only be removed from campus by making arrangements with the Office of Technology Services. Please indicate where the device will be stored and the storage location will be secured.

Approvals

OTS Approval: _____ **Date:** _____

Division Approval: _____ **Date:** _____

Business Office Approval: _____ **Date:** _____

IBU Approval: _____ **Date:** _____