

Computing & Communications Technology Request Form

*** Indicate Required Field**

*JNumber	<input type="text"/>	*Date	<input type="text"/>	*Department	<input type="text"/>
*Requestor Full Name	<input type="text"/>			*Campus Address	<input type="text"/>
*Telephone	<input type="text"/>	*Fax	<input type="text"/>	Email	<input type="text"/>
*Vendor Name	<input type="text"/>			*Quantity	<input type="text"/>
		*Price	<input type="text"/>		

*Technology Equipment	<input type="text"/>	Other	<input type="text"/>
Product Description	<input type="text"/>		
Processor	<input type="text"/>		
RAM/Memory	<input type="text"/>	Dimensions	<input type="text"/>
Hard Drive	<input type="text"/>	Graphic Controller (Video Card)	<input type="text"/>
Floppy Drive	<input type="text"/>	Hardware Support Service (Warranty)	<input type="text"/>
Monitor	<input type="text"/>	Networking	<input type="text"/>
Optical Storage (CD/DVD)	<input type="text"/>		
<input type="checkbox"/> Mouse	<input type="checkbox"/> Keyboard		
<input type="checkbox"/> Speakers	<input type="checkbox"/> Battery		

Software

Name	<input type="text"/>		Brief Description	<input type="text"/>
Version	<input type="text"/>	Price	<input type="text"/>	
Name	<input type="text"/>		Brief Description	<input type="text"/>
Version	<input type="text"/>	Price	<input type="text"/>	

For Office Use Only

Please submit via email or fax.

Contact Info:

Please note: Submission of this form is only the first step of the purchasing process. No purchase will be made without proper approval.

Computing and Communications
P.O. Box 17039 ~ Jackson, MS 39217

Voice: 601.979.2005 or 601.979.1006

Fax: 601.979.0425 or 601.979.0308

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