



South Carolina Department of Disabilities & Special Needs

INFORMATION TECHNOLOGY PROCUREMENT REQUEST

Request No. _____ Date Required _____ Date _____

Item No.	Qty	Unit of Meas.	Description	Est. Unit Cost	Total Cost	Account Classification (Budget Use Only)
			SHIPPING TAX			
				Page Total		

Justification:

Requestor: _____ /Date _____

Approved: _____ /Date _____

IT Manager/Regional IT Coordinator

Approved: _____ /Date _____

CO/Regional Budget

Approved: _____ /Date _____

CIO - Information Technology

Approved: _____ /Date _____

CFO - Administration

Approved: _____ /Date _____

Deputy Director - Administration

<p>Action by Purchasing Official and Receptor</p> <p>Memoranda: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Contract No. _____</p> <p>Purchase Order No. _____</p> <p>Requisition No. _____</p> <p>Estimated Delivery Date _____</p>
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Received	
_____ Signature of User	_____ Date