



**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)
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
			SHIPPING TAX		\$0.00	
					\$0.00	
				Page Total	\$ 0.00	

Justification:

Requestor: _____ /Date _____ Approved: _____ /Date _____
 Approved: _____ /Date _____ Approved: _____ /Date _____
 Regional IT Coordinator Director-Technical Support
 Approved: _____ /Date _____ Approved: _____ /Date _____
 CO/Regional Budget Director-Information Technology
 Director-Administration

Action by Purchasing Official and Receptor Memoranda:

Contract No. _____
 Purchase Order No. _____
 Requisition No. _____
 Estimated Delivery Date _____

Received	
_____ Signature of User	_____ Date