FMS Tech Allocation Purchase Request

Name ______________________________________ Date ______________________

Individual Request  ___  Team Request ___

What is your plan and timeline?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

What is the projected cost?

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<tr>
<th>Item Description</th>
<th>Unit Price</th>
<th>Add 18% (Tax &amp; Shipping)</th>
<th>Total</th>
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Explain how your purchase will use technology to improve instruction. How will you know that this outcome has been reached?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

How many students will your purchase affect?  ______________

All technology purchases must be reviewed by a building TRT prior to submission to the Technology Committee. The purpose of the review is to check compatibility issues.

-------------------------------------------------- Office Use Only --------------------------------------------------

______ Plan  _______ Cost  _______ TRT Review