

**Request for Technology Products
Central State Hospital**

Name of User:		Date:		Phone #:
Location (Unit/Ward):		Room #	Building:	
	Hardware from DELL		Software	LAN Drop
	Personal computer	Manufacturer:		
	Printer, black and white laser			New User: No LAN in Area.
	Printer, color inkjet	Title:		Additional Data Drop & Jack
	Printer, network			Equipment to Connect:
	Monitor	Version:		
	Other	Price:		PC
		Source:		Network Printer

Description of request:

Justification for request:

How is this need currently being met?

Required Departmental Authorizations for Request

Department Head Approval Signature:

Date:

Division Approver Signature:

Date:

Departmental Budget Org. Code # :

**The total cost will be billed to
Your Division's Budget Code.**

For CSH Data Management Use Only

Approved:

Date:

Signature

Status:

Comment:

Please send completed form to Data Manager, Wilkes Building, fax # 0926