

HOBİ COMPUTER/TABLET/MONITOR REQUEST FORM

TO BE COMPLETED BY REQUESTOR

Requested By: _____

Date: _____

User Information

Name: _____

UFID: _____

Building & Room/Cubicle Number: _____

Funding Information

Project Name/Funding Source: _____

Fund Type: _____

PI/Administrator Name: _____

Are purchases covered under a CAS Exemption?

If yes, please attach a copy of the most current approved CAS

Is purchase included in the project budget?

If "No," specify which budget line to charge purchase (e.g., salary, supplies, etc.): _____

Maximum Budget Allowed for purchase: _____

Quote will be routed for approval before requisition for purchase is submitted to fiscal staff

Hardware/Accessories Information

Justification for Purchase (REQUIRED)

Manufacturer: _____ Specific model requested (if applicable): _____

Detailed Specifications Requested: *Please include details of existing set-up if request includes item that will need to be compatible (e.g., monitor only)*

UFIT Hardware Standards can be found at <https://bridge.ufhealth.org/it-service-catalog/hardware-catalog/>

Additional Information for Purchase