



Computer Hardware/Software Purchase Authorization Form

**** FOR COMPUTERS or SOFTWARE INSTALLED or CONNECTED TO PVAMC NETWORK****

REQUESTED BY:

Contact Person: _____

Date: _____

Lab Location: _____

EXT: _____

Project #: _____

Purchase Justification: _____

COMPUTER HARDWARE INFORMATION

Hardware Type: _____

Model/Brand Name: _____

Hardware Description: _____
(Attach proposal) _____

Purchase Cost \$ _____

SOFTWARE INFORMATION

Software Name: _____

Company Name: _____

Software Description/Use: _____

Purchase Cost: \$ _____ # Licenses/Users _____

Annual License/Maintenance Fees: \$ _____

PURCHASE AUTHORIZATION SIGNATURES:(must be completed): IT/PVARF INTERNAL USE

I.T. Service Representative: _____ Date: _____

PVARF Executive Director: _____ Date: _____