

**Division of Outreach & Continuing Education  
Request for IT Purchase**

Date Requested: \_\_\_\_\_  
Director: \_\_\_\_\_ Office \_\_\_\_\_  
Employee: \_\_\_\_\_ Location: \_\_\_\_\_

Quantity	Description	UM # if peripheral item:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Purpose: (If purpose is not provided, order will not be approved.)

\_\_\_\_\_  
\_\_\_\_\_

Account Number(s): _____	Director _____
if charging more than _____	Signature: _____
one account, specify _____	Date Approved: _____
% for each _____	<i>Do you wish to review after the quote is prepared?</i>
	Yes _____ No _____

**FOR INTERNAL USE ONLY:**

Procurement Card \_\_\_\_\_

Vendor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Important Notes / Additional Instructions:

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Approval from Manager of Technology _____	OR	Deputy CIO Approval Required: _____
Signature: _____		Date Approved: _____

Order Date: \_\_\_\_\_ Reference #s: \_\_\_\_\_

Return form to: Outreach IT Specialist, Bruce Newell - 118 Powers / cbnewell@olemiss.edu