

IMA Technology Disbursements Request & Approval Form

Required information for approval

Name: Principal/Coordinator/ Director:

School/Department:

New Request:

Part II: Technological Equipment Technology
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Services Equipment Disbursement:

Grade Level:

of Students served:

Primary Use:

Approved Vendor:

Manufacturer:

Vendor:

Technology Services:

Service Description:

Product Description:

Service Audience:

Assistive Technology:

Date of Service:

Unit Price:

Quantity:

Total Amount:

Comments:

Requested by:

Date: