

Requisition Form

Delivery Date: Please select type of request: ☐ Service ☐ Material Drawings / attachments included: ☐ Yes ☐ No Background/Rationale: Quantity Description **Estimated Amount** UOM Please check appropriate boxes for any of the following requirements: ☐ Extend to districts ☐ Installation ☐ Electrical needs ☐ Training ■ Special Terms & Conditions ☐Trade-in ■Extended warranty ■Multi-year agreement ■Bidder's list attached ☐ Drop Ship ■ Maintenance agreement ☐ Subject to School Safety Initiative OPC Use only Advertisement Bidder's walk through/Bidder's conference ☐ Bidder's demonstration/Interview ☐Bid Bond ☐ Performance and Payment Bond ☐ Relevant department notified to review specs Contract: Solicitation / Response Account Number(s): Will there be a review team? ☐Yes □No If 'yes', please include the proposed members of the review team: Requestor Signature Date Department Director Signature Date Superintendent Signature Date **Director of Technology Services** Date Signature (hardware purchases only) **Vendor Information**

Phone Number

Contact Name

Email

Company Name