

INFORMATION TECHNOLOGY DIVISION

REQUEST
FOR
SERVICES

REQUESTING DIVISION: _____	LOCATION: _____	DATE OF REQUEST: _____
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DESCRIPTION OF REQUEST (Please complete Computer Software and Accessories Request for all new systems)

ESTIMATED COST: _____ (For Division Head information. Call (626) 458-4367 if cost is unknown)

TRAINING REQUIRED:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	(For WordPerfect, Lotus, Excel, or dBASE, please complete and attach applicable skills assessment forms)
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REASON FOR REQUEST:

USER(S)/SYSTEM(S) AFFECTED:

NAME	MAKE	MODEL	SERIAL NO.	PORTABLE/ PROPERTY #	HOST/LAN SYSTEM

<u>DIVISION CONTACT</u>	<u>DIVISION HEAD APPROVAL</u>	<u>BILLING INFORMATION</u>
NAME: _____	(SIGNATURE)	PCA #: _____
TITLE: _____		OCA #: _____
PHONE: _____		USER CODE #: _____

(TO BE COMPLETED BY INFORMATION TECHNOLOGY DIVISION)

DATE RECEIVED: _____	REQUEST NO.: _____
ITD STAFF ASSIGNMENT: _____	DATE ASSIGNED: _____
PLAN OF ACTION: _____	
DATE COMPLETED: _____	COMPLETED BY: _____