

Department of Technology

Campus Technology Implementation Form 1

In order to better assist campuses with **new technology projects** and provide a successful implementation by the due date, please complete a Technology Implementation Form for each technology purchase and return it to the Director of Technology **at least two weeks before the technology purchase**. *The Director of Technology will schedule a conference with you to determine a feasible timeline for implementation and/or installation.*
(Please make as many copies of this sheet as necessary.)

Project Name: _____

Date of Purchase: _____ Purchase Order Number: _____

Campus: _____ Campus/Department Contact: _____

Contact's Cell phone: _____ Land line: _____

Start Date: _____

Hardware

Vendor Contact Name: _____

Vendor Address: _____

Vendor Telephone Number: _____

Vendor E-mail Address: _____

SOFTWARE IMAGE (physical curriculum / software to be placed on computers)

Software

Vendor Contact Name: _____

Vendor Address: _____

Vendor Telephone Number: _____

Vendor E-mail Address: _____

Software access key/number for web: _____ License: _____

Web address: _____

Software

Vendor Contact Name: _____

Vendor Address: _____

Vendor Telephone Number: _____

Vendor E-mail Address: _____

Software access key/number for web: _____ License: _____

Web address: _____

Software

Vendor Contact Name: _____

Vendor Address: _____

Vendor Telephone Number: _____

Vendor E-mail Address: _____

Software access key/number for web: _____ License: _____

Web address: _____

Campus Technology Implementation Form

Campus Location of Equipment: Room no: _____

Client/User's Name(s) :

_____, _____, _____
 _____, _____, _____
 _____, _____, _____

Equipment to be received and connected:

____ Computer (Dell Apple HP) Model numbers) _____
 ____ Server(s) (Dell Apple HP) Model numbers) _____
 ____ Printer(s) (Dell Apple HP) Model number(s) _____
 ____ Scanner(s) (Dell Apple HP) Model number(s) _____
 ____ Projector(s) (Phillips Enfocus Other) Model number(s) _____
 ____ Wireless cart(s) Brand name: _____ Model number(s) _____

Signature of Principal: _____ Date: __/__/__

Signature of Technology Director: _____ Date: __/__/__

Signature of Vendor Contact: _____ Date: __/__/__

TO BE COMPLETED BY THE TECHNOLOGY DEPARTMENT:

<i>Technology Department Use Only</i>	
FORM 1 received: _____	
Job completed: _____	
List of Software delivered to Roylene is as follows:	
Software delivered to Roylene Fontenot on: __/__/__	
User password: _____	Student password: _____

***Special Notes for installation:**

FORM 1 Original - Director of Technology
Copy - Campus