

Step One:

This form is to be completed by the requesting individual(s) and is to be submitted to your principal. If approved, your principal will send this sheet and any ordering information attached for review by the division level director. Do not order until approved by the Assistant Superintendent for Operations. *Please allow ten working days for review for those requests which are grant-funded.*

Pittsylvania County Schools: Request for Hardware/Software Purchases

**Statement of Purpose:**

Prior to the purchase of hardware/software for your school, regardless of funding source (PTO funds, grants, etc.) it is imperative that the purchase be reviewed for approval to ensure compatibility with instructional relevance, PCS resources and infrastructure.

Note: Installed equipment will not be moved.

Application Date: MM/DD/YY			
Individual Completing Form:	Last:	First:	MI:
Position Held:			
School Name:			

Project Description

Describe how this project will enhance learning and increased student outcomes, so that instructional relevance may be determined.	
Relate this project to its role in your School Improvement Plan.	
What would you like to purchase?	Item name/Description <i>(Please staple ordering information to this sheet):</i>
How many do you need?	
Where will this be used and/or installed?	(Room)

To be completed by the principal:

I am in support of this project as outlined above and request review by school board office personnel. Funding for this project will be provided by _____ funds.

Principal's Signature

Date

To be completed by the division director:

Does the proposal have instructional relevance? Yes No

Comments:

Director's Signature

Date

If approved, submit this form and accompanying information to the Assistant Superintendent for Operations.

Step Two:

The Office of the Assistant Superintendent for Operations will use this sheet to document costs and installation requirements to ensure compatibility with PCS resources and infrastructure. Form will be returned to the referring principal and director.

Project Costs

Initial Costs:	<input type="checkbox"/> Hardware \$ _____ <input type="checkbox"/> Software \$ _____
Ongoing/Recurring Costs:	<input type="checkbox"/> Hardware \$ _____ <input type="checkbox"/> Software \$ _____ <input type="checkbox"/> Licensing \$ _____ <input type="checkbox"/> Other \$ _____
Billing Cycle:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Other, Please specify:
Installation Requirements: (Includes Project Specs)	
Installation Continued:	<input type="checkbox"/> The Maintenance Department will be needed as follows: <input type="checkbox"/> IT Department will be needed as follows:

Reviewer's Comments:

Jeffrey B. Early, Ph.D.
Assistant Superintendent for Operations