

ITS Acquisition Request Form

Please enter the following contact and summary information.

Requester

Department Name:	
Department Contact Name (Requester):	
Department Contact Email:	
Department Contact Phone Number:	
Department Funding and Cost How will the project and maintenance costs be paid for? What is the annual total? What is the term of the product? If multi-year, please indicate the funding source for each year.	

Product Details

Product Name

Web Link to Security Policy:	
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Vendor Contact(s)

Vendor Name	
Vendor Contact Name:	
Vendor Contact Title:	