

New Equipment Requisition (excluding computers)



DIOCESE OF VENICE IN FLORIDA

Office of Information Technology

Requestor: _____ Date of Request: _____

Department/Parish: _____ Dept No.: _____

Phone: _____ Needed by: _____

Equipment Description (*please check one*):

Printer Scanner Fax Machine Printer /Scanner / Fax Combo

Monitor Other: _____

Desired Make/Model (if applicable): _____

Additional Information: _____

Business Reason for equipment: _____

Requestor Signature/Date: _____

Department Head Approval:

Name: _____ Title: _____

Signature: _____ Date: _____

(*IT use only*)

Received _____ Rejected: (Reason: _____)