North Central State College
ITS DEPARTMENT
419-755-4734

Software Purchase Request Form

Date _____

1. Department Information

Requestor _____ Department _____ Phone _____

Software Administrator _____ Phone _____ Email _____

Technical Support _____ Phone _____ Email _____

2. Budget Information

Account Name/Number _____ Total Software Purchase Amt. _____

Software will be: A One-time Purchase   Number of Licenses/seats _____   License Price (ea) _____

Requires Annual Maintenance   Annual Maintenance Cost _____

Will there be additional implementation costs involved?   No   Yes (if yes please describe below and include additional costs)

3. Software Information

Name of Software _____ Company Name _____
(Include complete name and version)

Software Website _____

Software Description
(Describe the purpose of the software and how it will be used at the College. Include departments that will be using the software).

4. Software Company/Vendor or Publisher Information

Vendor Name _____ Sales Representative Name _____

Sales Representative Phone _____   Email _____

Vendor Technical Support (list name and phone number) _____

5. Software Delivery

(check method software is to be delivered and provide more details such as building, room number, total PC's, classroom name, or names of individual PC owner in the box below)

    College Hosted Server   Vendor Hosted Server   Campus Wide PC's   Computer Lab

    Departmental PC   Classroom PC   Individual PC's

6. Software Life Expectancy

< 1 year   1-3 years   >3 years

7. Technical Requirements

Please provide details of technical requirements of the computer or laptop for software installation or type "see attached" and attach printed specs.

8. Approvals

The department Dean/Supervisor understands their department is financially responsible for all licenses, upgrades, and or maintenance throughout the life time of the software use. A copy of all licenses and installation keys must be provided to the IT department each year that the software is renewed.

_____   _____   _____   _____
Department Dean/Supervisor   Date   NCSC IT Director   Date

9. Software Purchase Information

Software Purchased From Vendor _____ PO # _____ Date _____

License Key _____

1. Department Contact Information
Specify a name, email address, and telephone number for both an administrative employee and an individual who is technically responsible for the Software within the Department.

2. Budget
Indicate the account number from which funds will be used to purchase this Software. Specify the purchase price of the Software and any annual maintenance costs. Also, estimate any additional implementation costs including labor, hardware, training, etc. Then, if necessary, indicate the account number from which funds will be used to purchase a server to support this Software. Specify the purchase price of the hardware and any annual maintenance costs. Also, estimate any additional implementation costs associated with the server including labor, hardware, training, etc.

3. Software Information
Specify the complete name of the Software. Include the company name and version number and website. *Example: Microsoft Office 2013.* Describe the purpose of the software and how it will be used at the College. Include departments that will be using the software.

4. Vendor Contact Information
Specify the name of the vendor from which the Software will be purchased. Provide a name, email address, and telephone number for both a sales person and an individual who can answer technical questions about the Software.

5. Software Delivery
Indicate how the Software will be delivered and provide more details such as building, room number, total PC's, classroom name, and or names of individual PC's the software will be installed on in the provided box.

6. Expected Life Expectancy
Check the box that indicates the number of years that this Software will be used. For example, maintenance costs may cover minor upgrades but eventually a major upgrade or new release of the software will need to be purchased; or the Software may be a temporary solution associated with a time-limited College program.

7. Technical Requirements
Specify the minimum hardware configuration necessary to operate the Software. You may also note "see attached" in the box and attach printed specs from the Software company.

8. Approvals
The appropriate signatures affixed to this form indicate approval for the purchase of the Software.
- *Department Dean/Supervisor.* Obtain the signature of an employee authorized to sign for the Budget Account Number. Also, indicate the date that the Software will be purchased.
- *ITS.* Obtain the signature of the IT Director.

9. Software Purchase Information
After Software purchase, provide which vendor the software was purchased from, the purchase order number, date purchased and the licenses key. A copy of all documentation pertaining to the purchased Software including Software certificates must be forwarded to the IT department.