

Hardware Request Form

Section 1 - to be completed by requester. Please send signed form to the mail box hardwarerequest@harrishealth.org

Requester Name:		Title:	
Phone:		Department:	
Cost Center:		Date Requested:	

Hardware Request Details – Please use the drop down to select the Device Type and Quantity. For item not listed, please enter in the Other Devices box or contact IT Service Desk @ 6-HELP (6-4357).

Estimated costs:

Device Type	Quantity	Description	Estimated Price	Total
Grand Total				

Other Devices:	
-----------------------	--

Installation Location:	
-------------------------------	--

Business/Healthcare Justification – Please be specific. Provide employee ID if request is for new employee.

Section 2 – to be completed by requester’s unit Director and VP/Administrator. Please complete these boxes to avoid delay.

Director Please Print Name & Signature		VP/ Administrator Please Print Name & Signature	
Date:		Date:	

