

**Enhanced Start-Up Allocations Involving Computer Equipment  
 Configurations and Cost Estimates  
 Approval Form**

Return completed forms:

by campus mail to: **HWbc`c[ nG ddcfh7YbMz%\$< Uyg< U`**  
 by fax: **419-372-9499** attention Technology Support Center

Questions:

call 419-372- - -

Department: \_\_\_\_\_

Department Contact Information:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Faculty Candidate \_\_\_\_\_

| Hardware/Software Item          | Cost Estimate       |
|---------------------------------|---------------------|
| _____                           | _____               |
| _____                           | _____               |
| _____                           | _____               |
| _____                           | _____               |
| _____                           | _____               |
| _____                           | _____               |
| _____                           | _____               |
| _____                           | _____               |
| _____                           | _____               |
| (Attach second page if needed.) | <b>Total:</b> _____ |

| Signatures                             | Date  |
|--|-------|
| ITS Desktop Manager or Designee: _____ | _____ |

TSC Case #: \_\_\_\_\_ (assigned by TSC)

Department Approval: \_\_\_\_\_  
 (Chair/Director Signature) (date)

College Approval: \_\_\_\_\_  
 (if required) (Dean/VP Signature) (date)