

RONDOUT VALLEY CENTRAL SCHOOL DISTRICT

SOFTWARE PURCHASE REQUEST

Please complete this form and forward together with any/all pricing and descriptive literature to your department chairperson. After approval this form will be forwarded to the Technology Department for a compatibility check. Please note, all software is ordered through this department AFTER final approval by all parties.

Chairperson (Name) _____
Building Principal _____
Technology Dept. _____
Date Approved: _____

TITLE OF SOFTWARE

Version _____ Price _____

Software Publisher _____

Types of licenses available (circle one) Individual Lab Site Network

SOURCE FOR PURCHASE

Name _____ Telephone _____

Fax if known _____

Mailing Address _____ (attach pertinent paperwork/catalogs if available)

REASON FOR PURCHASE

Grade Level(s) _____ Course/Dept. _____

Number of copies necessary ____ Is this a department-wide request? Yes No

Relation to Curriculum _____

Other teachers interested in this software: _____

OFFICE USE ONLY
System Requirements:
Networkable: