1. Request for Board Approval on: \_\_\_\_\_\_\_\_\_\_\_ (Month)
2. Department Name: (to be provided by Department)
3. Requestor: (to be provided by Department)
4. Project Description and/or Scope pf Work: (to be provided by Department)
5. Pricing and Delivery Form: (to be provided by Department)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Description** | **Quantity** | **Unit Price** | **Total** |
|  |  |  |  |  |
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|  |  |  |  |  |

1. Warranty: (to be provided by Department)
2. Clarifications and other Requirements: (to be provided by Department)
3. Estimated Cost: (to be provided by Department)
4. Prepared by: (to be provided by Department) Ext.: \_\_\_\_\_\_\_\_\_\_\_\_
5. Approval

Dean/Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Vice President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Please send completed and approved form to purchasing@tsc.edu to start the process.