



## IT Purchase Approval-CCCS-IT ONLY

(For all IT software purchases only through CCCS-IT that are less than \$5,000)

**Department/Center:** \_\_\_\_\_ **FOAP:** \_\_\_\_\_

**Purchase Number:** \_\_\_\_\_ **Requested By:** \_\_\_\_\_  
(Use Org, Number-Date: mmddyy) (Please Print Name)

**Item Information:**

DESCRIPTION OF ITEMS	QUANTITY	TOTAL COST PER ITEM
TOTAL		

**Deployment Information (Please Print)**

**User Name:** \_\_\_\_\_ **Bldg. /Rm.** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Why are these items needed:** \_\_\_\_\_

**Explain exactly what item is:** \_\_\_\_\_

**Signatures**

<b>Org Owner:</b> _____	_____	_____
<small>Print Name</small>	<small>Signature</small>	<small>Date</small>
<b>Grant Manager:</b> _____	_____	_____
<small>(If applicable) Print Name</small>	<small>Signature</small>	<small>Date</small>
<b>IT Approval:</b> _____	_____	_____
<small>(Required) Print Name</small>	<small>Signature</small>	<small>Date</small>
<b>Controller:</b> _____	_____	_____
<small>(Required) Print Name</small>	<small>Signature</small>	<small>Date</small>