

# Sutton Public School District Software Purchase Request Form

Preview/Pilot  Return costs: \_\_\_\_\_ Purchase after Preview/Pilot   
Account # \_\_\_\_\_

Purchase Order # \_\_\_\_\_

Please fill out all applicable areas below and return to your building Principal or Director

Name \_\_\_\_\_ Date \_\_\_\_\_

Grade \_\_\_\_\_ Subject \_\_\_\_\_

Software Title \_\_\_\_\_

Number of licenses needed \_\_\_\_\_ Web – Based Software? \_\_\_ YES \_\_\_ NO

Cost: \_\_\_\_\_ plus additional costs \_\_\_\_\_

Shipping and Handling: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Vendor: Name \_\_\_\_\_ Catalog # \_\_\_\_\_ Page# \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Email \_\_\_\_\_

Have you previewed the software? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you previewed other software in this area? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, what titles?

\_\_\_\_\_

Hardware requirements for this software is attached \_\_\_ YES \_\_\_ NO

\_\_\_\_\_

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- ❖ What strand(s) of the Curriculum Frameworks will this software address, if applicable. If not applicable, what is the purpose of purchase?

*Please attached additional sheet for response.*

Signatures:

1. Building Principal / Director

2. Technology Department

\_\_\_\_\_

\_\_\_\_\_

Requested Installation date \_\_\_\_\_ Installation date \_\_\_\_\_

Location of installation room \_\_\_\_\_