ITS Acquisition Request Form

Please enter the following contact and summary information.

Requester

Department Name:	
Department Contact Name (Requester):	
Department Contact Email:	
Department Contact Phone Number:	
Department Funding and Cost: *How will the project and maintenance costs be paid for? What is the annual total? What is the term of the product? If multi-year, please indicate the funding source for each year.*	

Product Details

Product Name:	
Product Summary:	
Web Link to Product Privacy Notice:	
Web Link to Security Policy:	

Vendor Contact(s)

Vendor Name:	
Vendor Contact Name:	
Vendor Contact Title:	
Vendor Contact Email:	
Vendor Contact Phone Number:	