UGA Computer Equipment, Software or Services (CESS) Request Form

Individual Responsible for CESS Resource and Location

_____   _____
Name   Phone Number and E-Mail Address

_____   _____
Department/Unit   CESS Resource Location (building & room number)

Project System Name (If available): _____

Type of Product or Service : _____Hardware _____Software _____Consultant Contract _____Other

Primary Use of CESS Resource(s): ____ Administration ____ Instruction ____ Research ____ Public Service

Purpose of Product or Service : _____

Est. Cost of CESS Resource(s): $_____   **Pur. Req. No.:**_____

Funding Source (check all that apply): _____State ____Grant/Contract ____ Service Income _____ Gift Funds

Description of CESS Resource(s)

(Note: If the CESS resource requested exceeds $10,000 this form must be completed).

Manufacturer	Product/Model Name	Qty.	Generic Description (e.g. micro, software, printer, etc.)
_____	_____	____	_____
_____	_____	____	_____
_____	_____	____	_____

Vendor: _____   **State Contract No. (if applicable):** _____

Maintenance Method (check one)

Vendor Warranty _____   Service Contract____(off-campus provider)_____(on-campus provider)   Other _____

Estimated Annual Maintenance Cost: $_____(round to nearest dollar)

Note: Approval to procure the specified CESS resources implies that the requesting unit agrees to install and utilize these resources in a manner consistent with established University Computer Security and Ethical Use policies.

--**to be completed by unit coordinator**--

Complies with Unit Strategic IT Plan: ____ Yes ____ No

_____   _____
Unit Coordinator Signature   Date Submitted

--**to be completed by ACIT representative**--

_____   _____   _____
ACIT Institutional Representative Signature   UGA Approval Number   Approval Date