



**BARBERS HILL I.S.D.**  
**Technology Equipment/Software Request**



**Employee Information**

Full Name: \_\_\_\_\_

Campus/Department: \_\_\_\_\_

Room #: \_\_\_\_\_ Ext: \_\_\_\_\_

Assignment: \_\_\_\_\_

**Technology Requests:**

Equipment	Estimated Price	Pricing (technology will provide)	Notes:

Software	Estimated Price	Pricing (technology will provide)	Notes:

Employee Signature: \_\_\_\_\_

\*\*Then submit to Campus Administrator/Supervisor for approval.

Administrator/Supervisor Signature: \_\_\_\_\_

\*\*Then submit to Director of Technology

Director of Technology Signature: \_\_\_\_\_

\*\*Then send back to Administrator/Supervisor to generate purchase order if decision is made to purchase.

**ALL PURCHASES MUST BE SHIPPED TO THE FOLLOWING ADDRESS FOR INVENTORY, TRAINING AND DISTRIBUTION.**

**Barbers Hill ISD Technology Department**  
**Attn: Kristen Davis**  
**9600 Eagle Drive**  
**Mont Belvieu, Texas 77580**