

DELL COMPUTER REQUEST FORM

FOR ALL DELL PRODUCTS

Southern Illinois University
Carbondale, Illinois

(For IT - Business Use Only)

Transaction #:

(Please refer to this number on all
correspondence related to this transaction.)

Instructions:

All fields are required. Signed, completed form (with saved E-quote) must be forwarded to the IT Department for approval, via fax 453-3000 or email. Upon approval, a copy with assigned Transaction# will be submitted to the Vendor. The department will receive final copies of all backup.

* The Budget Purpose provided below will be billed through P-Card System by the IT Department.

* Transaction Number and required Asset Tagging information will be entered in the appropriate fields within the P-Card System.

IMPORTANT: All boxes **MUST** be opened within 10 days of receipt.

Note: If you are planning on the transfer of existing computers to Surplus Property or to another department, you must comply with the Data Security on State Computers Act. For more information, refer to:

Charge Account Information

| Budget Purpose | Dept. Act. 1 (if applicable) | Dept. Act. 2 (if applicable) | Object Code | Over-Riding Object Code (if applicable) | Dollar Amount | Fiscal Officer (or Delegate) Signature (Signature authorizes P-Card Transaction) | Date |
|----------------------|---------------------------------|---------------------------------|-------------|---|----------------------|---|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | 4420 | <input type="text"/> | <input type="text"/> | | <input type="text"/> |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> | 4420 | <input type="text"/> | <input type="text"/> | | <input type="text"/> |

If total dollar amount of this order is \$50,000 or more, Vice Chancellor and Chancellor approval/signature is required.

Vice Chancellor Signature

Date

Chancellor Signature

Date

Date:

Total Price:

E-Quote or Web
Proposal #:

For IT Use Only:

New Total
Price:

New E-Quote or
Web Proposal #:

Brief Description:

Department:

Requestor:

Phone No.:

E-mail:

Fax No.:

Contact Person:
(for questions or further
info.)

Phone No.:

E-mail:

Shipping Information (Building Name & Room No.) :
(Street address if off campus or outside Carbondale)

End User Information - This information is required

Location (Building #/Room #) :
(Where equipment will be located)

Assign to Unit: