

# Montana State University Procurement Justification Form for Data Processing Equipment and Software (DPES form)

If a Department chooses to purchase computer related items totaling over \$500.00 on a single purchase from a source other than the ITC Computer Store this form must: 1) Be completed by the Department and approved by ITC prior to that technology related purchase and 2) Accompany the requisition or BPA submitted for payment.

Date: \_\_\_\_\_ Department: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Proposed Vendor or Distributor: \_\_\_\_\_ Product Cost: \_\_\_\_\_ Freight Cost: \_\_\_\_\_ Total cost: \_\_\_\_\_

Please attach vendor's quote if available.

Index #: \_\_\_\_\_ Departmental person to whom this form should be returned: \_\_\_\_\_

Return via (check one): fax \_\_\_\_\_ (Fax number \_\_\_\_\_) pick up at ITC Store \_\_\_\_\_ mail \_\_\_\_\_

Mailing Address: \_\_\_\_\_ e-mail address: \_\_\_\_\_

## Hardware Definition and Specifications:

Brand: \_\_\_\_\_ Description: \_\_\_\_\_ Manufacturer's Model Number: \_\_\_\_\_

Warranty Period: \_\_\_\_\_ Circle warranty parameters: 1. On Site 2. Return to Manufacturer 3. Parts only 4. Labor only 5. Parts and labor

List any special warranty considerations: \_\_\_\_\_

Anticipated annual maintenance costs: \_\_\_\_\_

List equipment or product specifications and operating system requirements (or attach manufacturer's specification sheet):

## Compatibility & Communication Requirements:

Will this product be connected to the MSU network? Yes \_\_\_\_\_ No \_\_\_\_\_ Will this device need an IP Address? \_\_\_\_\_

Building and Room in which this device will be located: \_\_\_\_\_

List any special compatibility requirements:

**Installation:** By whom will this system be installed? \_\_\_\_\_

**Maintenance:** By whom will this system be maintained? \_\_\_\_\_

## Justification of Procurement:

Briefly justify your request for authorization to purchase computer related products outside of the standard campus channel (ITC Computer Store).

## Department Signatures and Approvals:

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

# Montana State University Information Technology Center Support Review

## ITC COMPUTER STORE *for ITC use only*

\_\_\_\_ Product available from ITC Computer Store      ITC Computer Store price \_\_\_\_\_

\_\_\_\_ Comparable product available from Store      Quote attached by ITC:    *yes*    *no*

Comments:

For more information on products available through the ITC Computer Store, please call x2900.

## ITC SUPPORT FOR THIS PRODUCT *for ITC use only*

**HARDWARE SUPPORT:**    \_\_\_\_\_ Extensive expertise    \_\_\_\_\_ Limited expertise    \_\_\_\_\_ No expertise

Comments:

**SOFTWARE SUPPORT:**    \_\_\_\_\_ Extensive expertise    \_\_\_\_\_ Limited expertise    \_\_\_\_\_ No expertise

Comments:

**NETWORK SUPPORT:**    \_\_\_\_\_ Extensive expertise    \_\_\_\_\_ Limited expertise    \_\_\_\_\_ No expertise

Comments:

**OTHER SUPPORT:** (specify) \_\_\_\_\_

\_\_\_\_\_ Extensive expertise    \_\_\_\_\_ Limited expertise    \_\_\_\_\_ No expertise

Comments:

### APPROVALS AND SIGNATURES: (required on all)

Signature \_\_\_\_\_ Date \_\_\_\_\_      Signature \_\_\_\_\_ Date \_\_\_\_\_

*Product Specialist*

*ITC Associate Director*

### **DEPARTMENTAL RESPONSE TO INFORMATION TECHNOLOGY CENTER COMMENTS** : (to be signed after ITC review)

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Department Head*