

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

## Individual Responsible for CESS Resource and Location

\_\_\_\_\_  
Name Phone Number E-Mail Address

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

**Project System Name :** \_\_\_\_\_

**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 ( 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