

Vendor Name:

Purpose of the Accessible Technology Purchase Form

This form must be attached to all Electronic & Information Technology (E&IT) purchases including hardware, software, and services, regardless of cost, for use by one or more students in a public academic setting (lab, classroom, etc.) or 100 users or more. This does not apply to consumable items, such as, disk media, ribbons, stock paper, printer cartridges, toner, and so forth. All E&IT purchase requisitions must have the appropriate unit level approvals. This form is to be included as an attachment to the purchase requisition along with a VPAT (Voluntary Product Accessibility Template) for the item(s) to be purchased. If you have any questions, please email DL-ITPurchasing. **Please submit completed forms to LH-700 Attn: IT Purchasing.**

Requestor Information

Contact Name:		Contact E-Mail:		Extension:	
Department:		College/Division		Office/Location:	

Procurement Information

User Name:		Installation Location:	
This product or service will be used (choose one of the following): <input type="radio"/> On Campus <input type="radio"/> Off Campus <input type="radio"/> Both On and Off Campus			
Describe the use for this product or service (be specific):			
SOFTWARE (if applicable)			
Number of installations:		Number of licenses being purchased:	
		Is the software customized? <input type="radio"/> Yes <input type="radio"/> No	
If customized, what is the justification of this software:			
Describe the support plan(s):			
HARDWARE (if applicable)			
Describe the item (name and description) and maintenance plan(s):			
Does this equipment need to be connected to the network?			
		<input type="radio"/> Yes <input type="radio"/> No	
Describe additionally required resources (be specific):			

VPAT (Voluntary Product Accessibility Template)

<input type="radio"/> VPAT attached <input type="radio"/> VPAT not attached / does not exist	
If VPAT does not exist for requested item(s), please route form to Disabled Student Services (DSS), UH-101.	
Approving Dean/Manager	Signature
	Date:

Vendor Name: **FOR IT/DSS USE ONLY****(The box below is to be filled out by Information Technology or Disabled Student Services.)**Comments:

IT Unit Review and Approval (check the appropriate box and sign after reviewing and approving this procurement request):

☐ Enterprise Systems _____☐ IT Infrastructure
Services _____☐ IT Security and Compliance _____☐ Support Services _____VPIT or delegate _____
SignatureDate: **Accommodations / Exceptions**☐ Accommodations have been met in case of accessibility issues; refer to attached.☐ Accommodations were not reached or are not applicable to this procurement at this time. Route to VPIT or delegate for exception determination.Disabled Student Services _____
SignatureDate: VPIT or delegate _____
SignatureDate: