

OHIO CHRISTIAN  
UNIVERSITY

**IT PURCHASE REQUEST**

**Date:** \_\_\_\_\_

**Requestor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Estimated Cost:** \_\_\_\_\_

*\*please call IT office for an estimate*

**Item Description:**

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**Purpose of Purchase:**

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**Director Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**VP Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

*Please email this request to [itdept@ohiochristian.edu](mailto:itdept@ohiochristian.edu), or you can drop it in the IT mailbox.*

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*For IT Use Only*

**REQUEST APPROVED:**    YES       NO

**AVP of IT Signature:** \_\_\_\_\_

**Additional Information:**

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