

OHIO CHRISTIAN
UNIVERSITY

IT PURCHASE REQUEST

Date: ____/____/____

Requestor: _____ Phone: _____

Department: _____

Item Description:

Purpose of Purchase:

Director's Signature: _____

Please print name here: _____

*Please email this request to itdept@ohiochristian.edu, or you can drop it in the IT mailbox
For questions, please contact **James McIlhargey**, Network & Systems Administrator, 477-7862*

For IT Use Only

REQUEST APPROVED: YES NO

Additional Information:

VP's Signature: _____
Name: _____ Date: _____