



Oregon
Family Support
Network

Technology Request Form

*Technology purchases of \$500.00 or more **MUST** be made through the Statewide Office.
Technology purchase requests require a 2-week advance notice.
Requests should be submitted by managers or directors.*

Technology Requested by: _____

Date Requested: _____ **Date Needed:** _____

New Employee

Existing Employee

The information below is for the employee who will be using the item(s)

Employee Name: _____

Email: _____

Password: _____

Job Title: _____

Contract: _____

Item(s) requested: **Desktop** **Laptop** **iPad** **Cellphone** **Copier/Printer**

Is customization needed for computer? **Yes** **No**

**Specific Requirements
and Justifications**

Copier/Printer:

Brand: _____ **Model:** _____ **Features:** _____

Price Range: _____

Other:

Brand: _____ **Model:** _____ **Features:** _____

Price Range: _____

Specifics for each user type are defined by organizational role and will be determined based on availability and current market.

Requested by Signature: _____

Date:

Director Signature: _____

Date:

Send completed form to: admins@ofsn.net

Processed by Signature: _____ **Date:**

Date forwarded to Lucas Knapp :

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