



Technology Resource Center Order Request Form

Name _____ Date: _____

Phone Number: _____ Campus ext: _____

Status (Please Circle): Student Staff Faculty Other

Description of services needed :

What materials will you need to Buy from TRC ?

Office use only

Date needed by: _____

Order taken by: _____ Date Completed: _____ Paid (Y \ N)

Total _____ Needed Invoice (Y \ N)