



INSTRUCTIONS: Please complete this form and return it to your Voice Coordinator.

Name			Date needed (month, day, year)
Telephone number	E-mail address		
Division / area		Office / room	
Name of contact person			Telephone number
Desktop category / type  Standard desktop Other monitor (Specify below.)  Standard desktop Other monitor (Specify below.)  Standard desktop Cables (Specify below.)			and for central processing unit (CPU) her (Specify below.)
Specify:			
Laptop category / type  Standard laptop  Laptop dockir	g station	op bag Ot	her (Specify below.)
Specify:			
Chart fields / general ledger (GL) string			
Equipment justification			
FSSA PERSONAL COMPUTER REQUEST APPROVAL			
Signing below indicates that this request is either (a) approved for purchase, or (b) rejected, if so signed and dated below.			
Signature of submitter			Date submitted (month, day, year)
Signature of supervisor of submitter			Date approved by supervisor (month, day, year)
Signature of FSSA Administrative Assistant (AA) or Se		tus Approved Rejected	Date approved / rejected (month, day, year)