



USER SERVICE REQUEST TECHNOLOGY PROCUREMENT REQUEST

USR NO. _____

TO BE COMPLETED BY SUBMITTER

SUBMITTER: _____ CONTACT #: _____

DEPARTMENT: _____ Optional Departmental ID#: _____

AUTHORIZED APPROVAL: _____ TITLE: _____

DATE REQUESTED: _____ DATE REQUIRED: _____

PROJECT DESCRIPTION: _____

ESTIMATED COSTS AND BENEFITS (By year for 3-5 years, please attach any quotes or additional details):

*FOR USR'S OVER \$50,000, IS TOTAL COST OF OWNERSHIP (TCO) FORM ATTACHED? YES NO NOT APPLICABLE

ESTIMATED PAYBACK PERIOD (Time for project costs to be offset by savings or displacement): _____

WILL THIS REQUEST REQUIRE MANAGED OR SHARED SUPPORT SERVICES FROM ITC?

YES NO UNKNOWN IF YES DESCRIBE REQUIRED SUPPORT: _____

TO BE COMPLETED BY HC ITC

RECEIVED: _____ RETURNED: _____ THIS USR WILL REQUIRE SUPPORT FROM ITC:
YES NO UNKNOWN

IF YES, INDICATE SUPPORT REQUIRED: DATACENTER APP.SUPPORT APP. DEV MOBILITY
 PROJECT MGMT OTHER _____

FOR USRS THAT MAY REQUIRE SUPPORT FROM ITC, INDICATE SUPPORTING TEAM(S):
 Managed Services Support Services Business Solutions Mobility Services App.Support/Dev.

REVIEWER INITIALS: _____ Kevin Russell, Deputy Dir. ITC _____ Mike Giordanelli, Dir. JIMS

_____ Steve Higginbotham, Dir. EMS _____ Trey Quintero, Dir. Law Enforcement