



KAPI'OLANI COMMUNITY COLLEGE TECHNOLOGY PROCUREMENT FORM

Requestor Information:

Date: _____

Name: _____ Phone: _____ Email: _____@hawaii.edu

Department: _____

Vendor: _____

Total Amount: _____

Description of Items for Purchase:

(Attach documents if needed)

Briefly Describe, "Why the Purchase is Necessary":

(Attach documents if needed)

Department Chair: _____	_____	_____
Name	Signature	Date

Director/Dean/VC: _____	_____	_____
Name	Signature	Date

CELTT Authorization: _____	_____	_____
Name	Signature	Date