

WCM-ITS (INFORMATION TECHNOLOGIES & SERVICES)

QUOTE REQUEST FORM

PLEASE SEND COMPLETED FORM TO CSG@MED.CORNELL.EDU

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REQUESTER INFORMATION

Today's Date:	<input type="text"/>	Requester Full Name:	<input type="text"/>
Department Name:	<input type="text"/>	Office Location:	<input type="text"/>
Email:	<input type="text"/>	Office Number:	<input type="text"/>

DESKTOPS/LAPTOPS/WORKSTATIONS/TABLETS

STD Apple iMac Desktops/ Workstations:	<input type="text"/>	Custom Fav Dell Dsktps/ Lptps:	<input type="text"/>
STD Apple MBook Pros/MBook Airls:	<input type="text"/>	Cust Dell Monitor:	<input type="text"/>
STD Dell Dsktps/Lptps:	<input type="text"/>	STD Lenovo Laptops:	<input type="text"/>
STD Apple/ MS Tablets:	<input type="text"/>	STD Dell Monitor:	<input type="text"/>
Customized Specs:	<input type="text"/>		

STANDARD EPIC PRINTERS / SCANNERS/WEB CAMERA/HEADSET/ CREDIT CARD SWIPE/SIGNATURE PAD

Epic Printers:	<input type="text"/>	Epic Scanners:	<input type="text"/>		
Other Printers:	<input type="text"/>	Additional Epic Trays:	<input type="text"/>		
Fill-in "Other Printer" Answers Here:	<input type="text"/>				
Web Camera:	<input type="text"/>	Headset:	<input type="text"/>	Credit Card Swipe:	<input type="text"/>
Signature Pad:	<input type="text"/>	Label Printer:	<input type="text"/>		
Comment(s):	<input type="text"/>				