CONESTOGA
Connect Life and Learning

# IT Services Equipment Order Form

Date: _____ Department: _____ Phone # _____ Ext: _____

Requested By: _____ Campus: _____ Room # _____

Cost Centre Manager: _____ Account No: _____-_____-_____
(Print) (13 digits)

Cost Centre Manager Signature: _____ Other: _____

| Item# | Quantity | U/M | Part Number | Description | Price |
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**THIS FORM MUST BE SENT TO INFORMATION TECHNOLOGY SERVICES 2A209**