

LAKE-SUMTER STATE COLLEGE  
Technology Committee  
Project Request Form  
Academic Year 20\_\_ - 20\_\_

Description of Project or Equipment Request:

Technology Support Needs (i.e., training, equipment installation, equipment maintenance):

Implementation Date: \_\_\_\_\_ Projected Cost: \_\_\_\_\_

Identify corresponding Technology Plan Objective, Strategic Plan Goals or Division Initiatives:

Request submitted by \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's signature \_\_\_\_\_ Date \_\_\_\_\_

Department Manager's signature \_\_\_\_\_ Date \_\_\_\_\_

Division Vice-President's signature \_\_\_\_\_ Date \_\_\_\_\_

Department Contact Person for Project Request \_\_\_\_\_

Please email or fax **365-323-3695** this completed form to:

Karen Meade in IT - MeadeK@lssc.edu