

**GEORGIA INSTITUTE OF TECHNOLOGY
 DEPARTMENTS SALES AND SERVICES (DSS) REQUEST FORM
 PLEASE FILL ALL HIGHLIGHTED FIELDS**

REQUESTING DEPARTMENT USE

<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Department or Unit Requesting Services	Requestor Ref/Doc. ID (10 digits)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Requesting Department Driver Worktag	Expense Ledger Acct	Spend Category
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Department Approver	Department Contact	Contact Phone
<input type="text"/>	Comments:	
Signature of Department Approver	<input type="text"/>	

WORK REQUESTED

Description of Product, Goods or Services Requested:	Qty.	Rate/Unit Price	Extended Price
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$
Estimated Cost:			\$

SERVICE DEPARTMENT USE ONLY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service Provider Name	Service Provider Driver Worktag	Revenue Ledger Acct	Provider Ref/Doc. ID (10 digits)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Product Description or Description of Work Requested	Qty	Rate/Unit Price	Extended Price
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ -
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ -
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ -
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ -
Description of Product, Goods or Services Provided:	Actual Cost:		\$ -
<input type="text"/>	<input type="text"/>		<input type="text"/>