

# Office of Information Technology Services

## DTaaS Device Request Form



| Requestor Information  |   |                                |  |
|--|---|--------------------------------|--|
| <b>Supervisor or Designee Requesting Device</b>  |   |                                |  |
|  | <i>Last</i>   | <i>First</i>                   | <i>Phone Number</i>  |
| <hr/>  |   |                                |  |
| <i>Date</i>  | <i>Agency Name</i>  | <i>Billing/Cost Code</i>       | <i>Position Profile</i> (OITS Use Only)  |
| User Information   |   |                                |  |
| <b>User Receiving Device</b>   |   |                                |  |
|  | <i>Last</i>   | <i>First</i>                   | <i>Middle Initial</i>  |
| <hr/>  |   |                                |  |
| Computer Selection   |   |                                |  |
| <b>Type</b>  | <b>Standard</b>   | <b>Advanced</b>                | <b>10 Key</b>  |
| Desktop  | <input type="checkbox"/>  | <input type="checkbox"/>       | <input type="checkbox"/>   |
| Laptop   | <input type="checkbox"/>  | <input type="checkbox"/>       | <input type="checkbox"/>   |
| Tablet   | <input type="checkbox"/> Dell 2 in 1 Unbundled  | N/A                            | <input type="checkbox"/> Dell 2 in 1 Bundled   |
| <hr/>  |   |                                |  |
| Peripherals <small>(New peripherals may be needed based on compatibility with computer selected. Technician can verify at your request.)</small> |   |                                |  |
| <b>Monitor</b>   | <input type="checkbox"/> New  | Quantity:                      | Size: <input type="checkbox"/> 22" <input type="checkbox"/> 24" <input type="checkbox"/> 27" |
|  | <input type="checkbox"/> Existing   | Quantity:                      | Model Number 1:  |
|  |   |                                | Model Number 2:  |
|  |   |                                | Model Number 3:  |
| <b>Laptop Accessories</b>  | <input type="checkbox"/> Keyboard   | <input type="checkbox"/> Mouse | <input type="checkbox"/> Docking Station   |
| <b>Dell 2 in 1 Accessories</b>   | <input type="checkbox"/> Stylus   |                                |  |
| Please select a three (3) or four (4) year lease term  |   |                                |  |
| <input type="checkbox"/> Three year term   |   |                                |  |
| <input type="checkbox"/> Four year term  |   |                                |  |
| Signature  |   |                                |  |
| <b>Division Director or Designee</b>   |   |                                |  |
|  | <i>Please provide signature or type in the name and send from requesting authority's email box.</i> |                                | <i>Date</i>  |
| <b>Send completed and authorized request to: EBITSM@ks.gov</b>   |   |                                |  |