VIRGINIA TECH™

Departmental Software Order Form

PLEASE REMEMBER TO INCLUDE SIGNED LICENSE AGREEMENTS, IF NECESSARY

Dept Org # (only one):   Dept Name: Date:

Person Responsible for the License (Last Name, First Name):   Email: Mail Code:

| | | | | | | Office Use Only | | |
Publisher (Vendor) License	Product	Operating System	# of Licenses	Cost Per License	Total License Cost	Entered in DSS (date & initial)	Code Sent (date & initial)	Filled (date & initial)

IMPORTANT

Person Installing the Software (Last Name, First Name):   PID of Person Installing the Software:

| Media (not required) | | | | | | | | | |
Media (CD/DVD)	Product	Operating System	# of Discs	Cost Per Disc	Total Disc Cost	Entered in DSS (date & initial)	Code Sent (date & initial)	Filled (date & initial)	Shipped/ Picked Up
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									S P

Office Use Only

PO Scanned (date & initial): _____   PO Reviewed (date & initial): _____

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY
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