

**Information Technology Services  
Business Plan**

# Request For Portable Computing Electronic Devices

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## Worksheet

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|                      |  |
|----------------------|--|
| <b>Dean/Head</b>     |  |
| <b>Title</b>         |  |
| <b>Address</b>       |  |
| <b>Email address</b> |  |
| <b>Phone number</b>  |  |
| <b>Fax number</b>    |  |

|                       |  |
|-----------------------|--|
| <b>Contact name</b>   |  |
| <b>Title</b>          |  |
| <b>Phone number</b>   |  |
| <b>Fax number</b>     |  |
| <b>E-mail address</b> |  |

## **Department Profile** (Please use additional pages if necessary)

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### **Issue**

[Identify the issue that the department is facing and their goals and objectives]

### **Current Technical Situation**

[Provide a detailed evaluation of the client's current technical situation.]

### **Solution**

[Summarize your department's solution for your situation.]

### **Benefits**

[Summarize the business benefits that your department's solution provides.]

### **Funding Source**

[Provide the account number for purchases.]

### **Appendix**

[List any supporting materials.]

## APPROVALS

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### Department Head/Director

Approved:

Yes \_\_\_\_\_ No \_\_\_\_\_

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Department Head/Director

Date

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### Information Resources Manager

Approved:

Yes \_\_\_\_\_ No \_\_\_\_\_

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IRM/Information Resources Manager

Date

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### ISO/Information Security Officer

Approved:

Yes \_\_\_\_\_ No \_\_\_\_\_

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ISO/Information Security Officer

Date

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### CIO/Chief Information Officer

Approved:

Meets PVAMU network standards Yes \_\_\_\_\_ No \_\_\_\_\_  
Meets funding infrastructure cost Yes \_\_\_\_\_ No \_\_\_\_\_

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CIO/Chief Information Officer

Date

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