



Standing Rock Sioux Tribe
**INFORMATION TECHNOLOGY
DEPARTMENT**

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Technology Authorization Form

Employee Name: _____ Date of Request: _____

Job Title: _____ Department: _____

Supervisor: _____ Account #: _____

What are you requesting to purchase?: _____

Specifics of equipment (Size, Quantity etc.): _____

Location equipment will be installed? _____

I.T Director Section Only

Approved or Disapproved

Information Technology Director: _____ Date: _____

Supervisor/Director of Employee Section Only

Employee who will be using the equipment: _____ Phone/Ext.: _____

Approved or Disapproved

Justification of purchase: _____

Supervisor/Director's Signature: _____ Date: _____

**Attach Technology Authorization Form to Purchase Order*