



# *Palo Alto Institute for Research & Education*

*P.O. Box V-38 • Palo Alto, CA 94304-0038*

## **REQUEST FOR ELECTRONIC DEVICES OR ASSOCIATED FEES**

This form will not in itself initiate an order or a reimbursement, rather it provides the necessary backup documentation to accompany a Purchase Order or Check Request Form.

Today's Date: \_\_\_\_\_

- Support is requested for:
- |   |   |                                |
|---|---|--------------------------------|
| <input type="checkbox"/> Desktop computer | <input type="checkbox"/> Laptop computer        | <input type="checkbox"/> PDA   |
| <input type="checkbox"/> Cell Phone       | <input type="checkbox"/> Digital Camera         | <input type="checkbox"/> Pager |
| <input type="checkbox"/> Monthly Fees     | <input type="checkbox"/> Other (describe below) |                                |

The primary user of this device/fee will be: \_\_\_\_\_

Project, program or activity for which device will be used: \_\_\_\_\_

Justification (include any applicable information on a device being replaced):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PAIRE Investigator's Signature

Approved / Disapproved

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

Comments: