



Independent School District of Boise City

Technology Department

REQUEST FOR REVIEW OF DONATED EQUIPMENT

School/site: _____
Equipment type: _____
Make/model: _____

Year of manufacturer: _____
If a peripheral:
connection _____
(serial, parallel, usb, infrared) _____

If a computer:
processor _____
hard drive size _____
ram _____
operating system _____
other software _____
network card _____
sound card _____
video card _____

Comments (please include a brief description of how you will use this equipment.) _____

Date submitted: _____
By whom: _____

TECHNOLOGY DEPARTMENT USE ONLY:

Date reviewed: _____
By whom: _____
Disposition: _____
Date notified: _____
By whom: _____
Comments: _____
