

If you are using a Mac computer to fill out the PDF forms, please make sure you are not on "Apple Preview" mode because the data entered in the form fields will not show when the documents are printed.

INSTRUCTIONAL EQUIPMENT REQUEST 2021-2022



Internal Use
IE #: 2022 -24 _____
Total \$: 11,911.10 _____

LPC ADMINISTRATIVE SERVICES - REQUISITION INFORMATION PAGE

Requester Name: _____ **Division Name:** _____

Equipment Name: _____

The Equipment is: A Replacement An Upgrade New Equipment/Technology

SECTION 1: EQUIPMENT DESCRIPTION

Describe the specific equipment requested and how it will be used to replace, upgrade or provide new technology to LPC from what is currently in place:

Equipment Location Building: _____

Room: _____

Location Comments:

SECTION 1: EQUIPMENT DESCRIPTION (continued)

If applicable, describe the legal requirement, mandate, or safety concern for purchase of this equipment, making specific reference to the legal requirement or regulation:

SECTION 2: LPC MISSION STATEMENT AND LPC PLANNING PRIORITIES

LPC MISSION STATEMENT:

Las Positas College provides an inclusive, learning-centered, equity-focused environment that offers educational opportunities and support for completion of students' transfer, degree, and career-technical goals while promoting life-long learning.

LPC PLANNING PRIORITIES:

- ❖ Implement the integration of all ACCJC standards throughout campus structure and processes.
- ❖ Establish a knowledge base and an appreciation for equity; create a sense of urgency about moving toward equity; institutionalize equity in decision-making, assessment, and accountability; and build capacity to resolve inequities.
- ❖ Increase student success and completion through change in college practices and processes: coordinating needed academic support, removing barriers, and supporting focused professional development across the campus.

Specify how the equipment supports *LPC's Mission Statement and Planning Priorities*:

SECTION 3: EDUCATIONAL ITEMS – PROGRAM REVIEW

Specify the educational programs this equipment supports:

Will this equipment be a part of your upcoming Program Review or was it included last year? Please explain using the exact words from your Program Review. If not, explain why.

SECTION 4: TEACHING AND LEARNING

In detail describe evidence and data that equipment provides much needed benefit and enhancement to teaching beyond current capabilities.

Describe in detail the impact this equipment will have on learning:

Each academic year, this equipment will impact: ____ # of classes/sections ____ # of students

SECTION 5: OUTCOMES (SLOs)

Using your documented SLOs, specify how the equipment will enable student learning outcomes to be achieved beyond current capability.

SECTION 6: TOTAL COST OF OWNERSHIP (FINANCIAL & SUSTAINABILITY)

What is the potential life span of the requested equipment?

If new storage is needed what are the storage requirements, location requirements, and costs associated with the new equipment: (NOTE: Specific storage costs should be detailed in the “Part A: Initial Start-up Costs” section below.)

If this equipment replaces old equipment but the old equipment will not be retired, are there on-going storage requirements, location requirements, and costs associated with the old equipment? If so, provide details.

What will be required to maintain the equipment, such as regular servicing or upkeep? (Specific on-going costs should be detailed in the “Part B: On-Going Annual Operating Costs” sections below as applicable.)

Explain how this equipment meets or exceeds basic sustainability efforts and/or provides renewable resources to the college:

Part A: Initial Start-up Costs

<u>Item</u>	<u>Cost</u>	<u>Comments</u>
Equipment or Materials		
Taxes (9.5%)		
Shipping or Delivery Charge		
Installation Costs *		
Miscellaneous Costs:		
Facilities Modifications		
Operator Training		
Maintenance & Repair Training		
Storage		
Other: _____		
Vendor Discount		
Grand Total:		

Part B: On-Going Annual Operating Costs

<u>Item</u>	<u>Cost</u>	<u>Comments</u>
Annual Service or Maintenance		
Estimated Parts Replacement Per Year		
Outside Standardization or Calibration Costs		
Storage Costs		
New Supply Costs		
Maintenance & Repair Labor		
Licensing or Software		
Other: _____		
Annual Operating Costs:		

Indicate the source of funding for on-going annual operating costs:

Part C: Incremental Labor Costs

OPERATOR:

Indicate the key operator: _____

Is the work in their current scope of duties? _____

What is the cost to train key operator? _____
(include \$\$ in the Initial Start-up Costs above)

Number of hours per month will the key operator use the equipment? _____

MAINTENANCE & REPAIRS

Indicate who will performing maintenance and repairs: _____

Is the work in their current scope of duties? _____

Indicate cost to train for maintenance and repairs? _____

Number of hours maintenance is required per month: _____

REMINDER

Instructional Equipment Requests submitted without a quote and requisition will be returned.
Shopping Carts are not considered quotes and will not be expected.

SIGNATURE APPROVALS and ROUTING

REQUESTER:
DATE:

DIVISION DEAN/MANAGER:
DATE: 1/13/22



**Click the Submit Button to Route
Signed Instructional Equipment Requests (IER) Directly to Admin Services**

Admin Services will coordinate review of all IER by IT and M&O and collect signatures

College Technical Services, Manager:
Date:

M&O Director:
Date:

VP Academic Services:
Date:

VP Administrative Services:
Date:



Office of Administrative Services

(Wait 5-10s)

Requisition Request Form

R _____ - _____

Fiscal Year		Vendor ID #	Vendor Name			Date Required
Deliver To		Room #	Return Copy of Requisition To			
Seq	Item #	Description	Qty	Unit Price	Extended Cost	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
Comments				Subtotal		
				Tax		
				Shipping		
				Total Cost		
FOAP to be Charged			%	Amount		
	-	-	-			
FUND	ORG	ACCOUNT	PROGRAM			
	-	-	-			
FUND	ORG	ACCOUNT	PROGRAM			

Requestor (print name) _____ Date _____ Dean (signature) _____ Date _____

Coordinator/Manager (signature) _____ Date _____ Vice President (signature) _____ Date _____

OFFICE OF ADMINISTRATIVE SERVICES USE ONLY			
Reviewed: _____	Verified: _____	Approved: _____	
<i>Administrative Services</i>	<i>Administrative Services Officer</i>	<i>VP, Administrative Services</i>	
PO Number: _____	Budget Transfer #: _____	Entered: _____	
			TR 4/6/20