



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH Director and State Health Officer

TO: **Michael Kincaid, CIO**

SECTION: **Information Technology Services**

DATE:

REQUESTOR:

APPROVAL FROM: Chief:

Branch/Section:

User Name:

☐ Multi Users Purchaser Name/

Mail Slot:

SUBJ:

☐ IT Hardware ☐ IT Software ☐ A/V Equipment ☐ Communication Device

Cost Center:

Internal Order:

Quote #:

Quote #:

Quote #:

List Requested Items Separately	Cost	Approved in Grant? Y/N	Additional (new) or Replacement for current equipment? (A or R)	If adding equipment, why needed? If replacing equipment, why replacing? Include age of equipment proposed for replacement
Total Cost w/taxes				

1. Are all requested equipment/devices/software:

a. On state contract? ☐ Yes ☐ No If No, procurement method:

b. Compatible with existing ADH systems? ☐ Yes ☐ No

2. This Equipment Complies with the Agency Energy Policy ☐ Yes ☐ No

If NO, provide a justification approved by the ADH Energy Manager.

3. For computer purchases – Is the new computer in addition to the User's primary computer ☐ Yes ☐ No

If Yes, provide a justification for approval by the ADH CIO.

4. Impact of not purchasing or delaying purchase: ☐ N/A

a. Impact on public health:

b. Financial impact:

c. Impact on staff:

d. Other impact/considerations:

INCLUDE QUOTE(S) WITH THIS APPROVAL