



# Gobles Public School District Software Acquisition Form

Date: \_\_\_\_\_

Building  District  Building Name: \_\_\_\_\_

Name of Software and **when needed**: \_\_\_\_\_

Grade level(s) using software: \_\_\_\_\_

Name of Teacher(s) or Principal requesting software:  
\_\_\_\_\_

How does this software relate to district curriculum implementation?

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

System requirements to run software:

\_\_\_\_\_

Licensing details:

\_\_\_\_\_

Maintenance fees or any other important information:

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

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## For Office Use Only

*IT's signature of approval:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Superintendent's signature of approval:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*P.O. #* \_\_\_\_\_ *Vendor:* \_\_\_\_\_ *Final Cost:* \_\_\_\_\_

*Additional Notes:*