



Computer Lease/Purchase Program - FORM A

To be completed by the employee, signed by Department Head and returned to the Information Technology Office. Once approved, the form is sent to the Payroll & Benefits Clerk in the Finance Department.

TO: Libby Simmons, Business Administrator

FROM: _____
(PLEASE PRINT NAME, DEPARTMENT & TITLE)

SUBJECT: **REQUEST TO PARTICIPATE IN EMPLOYEE COMPUTER LEASE/PURCHASE PROGRAM**

I have read and understand the terms and conditions of Administrative Regulation 6-1, and I wish to be considered for participation in the City of Dover's Employee Computer Lease/Purchase program. I request the City reimburse me after I have made the purchase and submitted an itemized vendor's receipt. I understand that this request must be approved by the City and that I must complete a lease purchase agreement before I purchase the equipment. Please note that applications that are not approved PRIOR to purchase run the risk of not being eligible for this program if all program requirements have not been met. No applications will be considered thirty (30) days after purchase date.

I understand that my request will be evaluated based upon my application to purchase equipment meeting or exceeding the following minimum recommended specifications/system requirements:

Minimum Employee Lease Purchase Configuration*

* Attach a description of the equipment, including specifications, to be acquired using this program. (This must be a brand-name system, either new or manufacturer-direct refurbished.)

Hardware	Dell, Gateway preferred. IBM, Lenovo, HP /Compaq, Apple.
CPU	1000 MHz / 1GHz
RAM	512MB RAM
Storage	40GB Hard Drive (IDE or SCSI) or higher, CD-ROM (or CD-RW or DVD-ROM/RW)
Connect	56K Modem , 10/100MB Ethernet NIC and/or wireless NIC
Operating Sys	WindowsXP, WindowsVista, Mac OS X or later versions.
Anti-Virus	Symantec Norton Anti-Virus 2007 or higher with update subscription or comparable anti-virus solution
Optional	Printer and/or Monitor on Hardware Compatibility List for Operating System selected, Surge Protector, Microsoft Office2003 or higher.
Warranty	Minimum one year warranty for technical support and parts.

The estimated cost of the equipment to be acquired: \$_____ (not to exceed \$3,000)

On the reverse side of this application please provide a brief narrative explaining how participation in this program may enhance your computer literacy skills and assist you in your work activities with the City of Dover.

I have ___ have not ___ (check one) previously purchased equipment or software under this program.

Employee Signature

Date

APPROVED: _____
Department Head

Date

Information Technology Office

Date