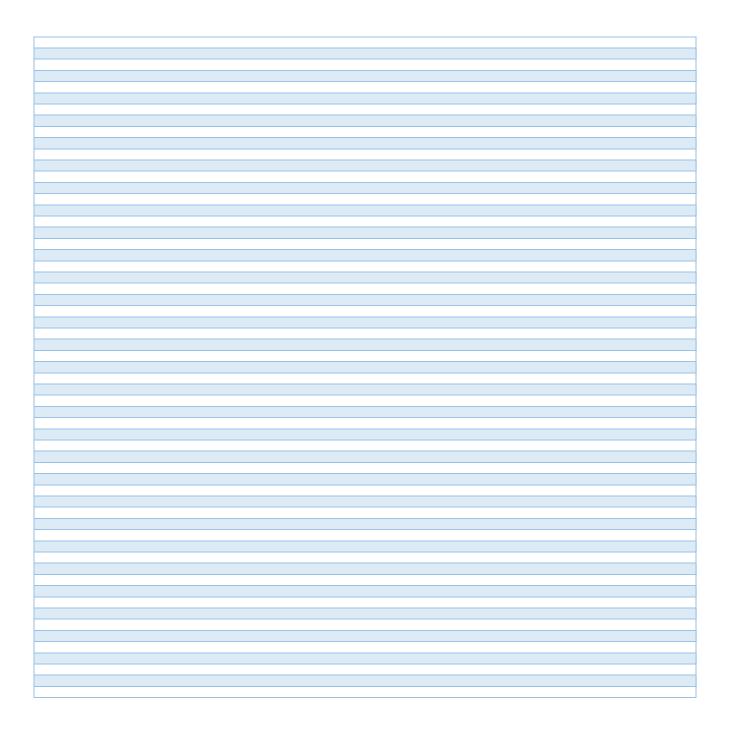
Agency Name:

Agency Contact:

Reporting Period: Example: Jan - Mar 20xx

Product Description	Category (Select from Drop-Down List)	Manufacturer / Reseller	Maintenace Terms (Length of contract or N/A)	Quantity	1	otal Cost	PO/Invoice #	Date of Approva
xample	Approved Software	SHI	36 months	10	\$	100.00	1234	1/2/2017



CategoryLists Approved Software Desktop PC Laptop Tablet PC Peripheral IT Education