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
IF	E #:2022 - 08
T	otal \$: 425.17

LPC ADMINISTRATIVE SERVICES - REQUISTION INFORMATION PAGE

Requester Name:	Division Name:							
Equipment Name:								
The Equipment is: ☐ A Replacement ☐ An U								
SECTION 1: EQUIPMENT DESCH	RIPTION							
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:								
comology to LI & from what is currently in place.								
Equipment Location Building:	Room:							
Location Comments:								
	2							



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 decisionmaking, 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.
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.
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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 <u>learning</u> :
Each academic year, this equipment will impact: # of classes/sections # of students
Zuen neutrane year, and equipment and impacts ii of etublicistections ii of students
5

Using your documented SLOs, specify how the equipment will enable student learning outcomes to be achieved beyond current capability.							
		6					

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"					
<u>Costs</u> " 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 " <u>Part B: On-Going Annual Operating Costs</u> " sections below as applicable.)
sections selon as application
Explain how this equipment meets or exceeds basic sustainability efforts and/or provides renewable
resources to the college:
resources to the conege.

Part A: Initial Start-up Costs

<u>Item</u>	Cost	<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>	Cost	<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 annu	al 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?	
Number of hours per month will the key operator	r use the equipment?
MAINTENANCE & REPAIRS	
Indicate who will performing maintenance and re	epairs:
Is the work in their current scope of duties?	<u> </u>
Indicate cost to train for maintenance and repair	s?
Number of hours maintenance is required per mo	onth:
Instructional Equipment Requests submit	EMINDER* ted without a quote and requisition will be returned. idered quotes and will not be expected.
SIGNATURE APPROVALS and ROUTI	NG
REQUESTER: DATE:	DIVISION DEAN/MANAGER: Stuart McClderry DATE: 1/18/2022 Domit Button to Route
	Requests (IER)Directly to Admin Services
Admin Services will coordinate review o	of all IER by IT and M&O and collect signatures
College Technical Services, Manager: Date:	M&O Director: Date:
/P Academic Services: Date:	VP Administrative Services: Date:



Office of Administrative Services Requisition Request Form

Reset

(Wait 5-10s) Submit

R

	tal Year	V	endor ID #		Vendor Name		Da	te Required
2	21-22		00093859	В	&H Photo and Video			
		ver To		Room #	Return C	opy of	Requisition To	
C	<u> </u>	l Cear		1061				
Seq	Item#		Description			Qty	Unit Price	Extended Cost
1	AL2016				NDS KIT/PHOTOG/REG	1	\$ 123.41	\$ 123.41
2	PEV525[CASE w/DIVIDER/REG	1	\$ 154.57	\$ 154.57
3	NIENEL1				E LI-ION BATTERY/REG	1	\$ 39.03	\$ 39.03
4	PRGT15				'x55yds (BLACK)/REG		\$ 9.29	\$ 9.29
5	IMSBEB1	156K	IMPACT PRO	0 6x 15 LB SANDB	AG KIT - BLACK/REG	1	\$ 59.34	\$ 59.34
6								\$ 0.00
7						An I		\$ 0.00
8						4	6	\$ 0.00
9								\$ 0.00
10						Y		\$ 0.00
11								\$ 0.00
12								\$ 0.00
13								\$ 0.00
14								\$ 0.00
15								\$ 0.00
			C	omments			Subtotal	\$ 385.64
Free	Shipping			1 7		10	.25% Tax	\$ 39.53
							Shipping	\$ 0.00
							Total Cost	\$ 425.17
			FOAP t	to be Charged		%	An	nount
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	FUND	-	000		-			
	FUND		ORG	ACCOUNT	PROGRAM			
	Dar	niel (Cearley	1/12/2	2 Stuart 7	NCC	Ederry	1/18/22
Reques	stor (print r	name)		Date	Dean (signature)			Date
Coordi	nator/Man	ager (s	signature)	Date	Vice President (sign	nature,		Date
			OF <u>FI</u>	CE OF ADMINISTRAT	IVE SERVICES USE ONLY			
D .								
Revie		nistrativ	e Services	Verified:	Ap ntive Services Officer	prove	d: VP, Administra	itive Services
					~			
PO Ni	ımhar:			Budget Transfer #:			Entered:	
	uiiibei							TR 4/6/20



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Chabot Las Positas Comm Coll

7600 Dublin Blvd

Attn: Accounts Payable DUBLIN, CA 94568

Ship To:

Chabot Las Positas Comm. Coll. 3000 Campus Hill Drive LIVERMORE, CA 94551

(510)723-7270

Bill Phone: (925)485-5221 Ext.:A/P Work Phone: (925)485-5289 Ext.:"B" PO

Fax Phone: (925)485-5253

Date		Terms	Salesperson	Ship V		
01/10/2	22 1233144	N/A	10C	MULTIP	LE	
Qtv Ord		tem Description		SKU# MFR#	Item Price	Amount
1	ALZO 100 LED 2-LITE/TABLE ST	ANDS KIT/PHOTO	AL2016 (2016)	123.41	123.41	
1	PELICAN VAULT V525 ROLLING	PEV525D (VCV5250040BL)	154.57	154.57		
1	NIKON EN-EL14A RECHARGEA	BLE LI-ION BATTE	ERY/REG	NIENEL14A (27126)	39.03	39.03
1	PROTAPES PRO GAFF TAPE 1"	x55yds (BLACK)/R	REG	PRGT155B (UPCG155MBLA)	9.29	9.29
1	IMPACT PRO 6x 15 LB SANDBA	IMSBEB156K	59.34	59.34		
	CONSISTS OF: 6 IMPACT 15LB CORDR SA	IMSBEB15 (SBEB15)				
		Cont	inued on Next Page .			



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Quote No.: 891211665

Date	Customer Code	Terms	Salesperson	Ship Via			
01/10/22	1233144	N/A	Slsm		MULTIPLE		
Qty Ord	ŀ	tem Description		SKU# MFR#		ce Amount	
PLE	ASE NOTE:						
	IMPORTANT NOTICE: B&H	has begun coll	ecting				
	California sales tax.	If you are CA	tax exempt,				
;	please contact our TA	X Department. T	o update				
	the status of your ac	count, please e	mail				
	a completed tax exemp	t certificate t	0				
1 1	taxcertificates@bhpho						
	Department can be rea	ched via phone	at 212-502-6308.				
	**** Please referenc	e vour miote nii	mber on all PO's ****				
	**** ALL PRICES ARE L						
	Certain items may be						
	vendor-imposed price						
Payment Type -	VIDE ON FOR			- Amount	Sub-Total:	385.64	
NO PAYMENT T	NO PAYMENT TYPE SELECTED						
				Shipping:	Free STND		
					Tax:	39.53	
					Total:	425.17	
			Customer Copy			Page 2 of 2	