Keene State College - Faculty Professional Development Funds
Equipment, Machinery, Tools and Electronics (Computers and peripherals, iPad or Tablet) Purchase Approval/Reimbursement Form

Please complete this form and attach justification and an original detailed purchase receipt for submission to your Dean for approval and then to Accounts Payable for expense reimbursement.

Policy Summary: Faculty whose official duties are such that the use of the additional or special equipment is required or significantly enhances the teaching, research or scholarship for Keene State College may request specific equipment, machinery, tools or electronics (computer equipment or wireless communication devices). The policy is designed to facilitate the purchase of these devices when a business need or academic endeavor justifies the purchase and complies with all KSC and USNH policies.

Request Justification - Requestor provides written documentation to supervisor:
- How will the equipment, tools, machinery or electronics be used?
- What functionality/usability is provided by the equipment that cannot be accomplished with a College-issued desktop/laptop or other machinery?
- Will the use of the equipment significantly enhance the productivity of the faculty?

Fiscal Support for Request:
Faculty must file request with Dean for this purchase to determine if the goods purchased will be personal property of the faculty member and therefore be taxable income or if KSC will tag the property and retrieve said property from the faculty member upon departure from Keene State College.

Employee Agreement:
- If electronics are purchased the faculty member agrees to comply with all policies related to utilizing computers and wireless communication equipment on the College network and accessing College data including, but not limited to, the Computer and Network Use Policy (CNUP) and College Data Access Policy.
- Faculty agrees to comply with KSC IT Group identified equipment security measures including the use of a passcode.
- Employee agrees to be responsible for equipment, tools, machinery or electronic devices that have been lost or damaged and/or replacement of said devices that are considered Keene State College property.
- Employee acknowledges that partial or complete reimbursement to the faculty from KSC funds for any equipment, tools, machinery or electronics that will be owned by the faculty will be included in taxable income in the year such reimbursement is made.

Request Justification:

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<th>Item/Expenditure Description</th>
<th>Item/Expenditure Justification/Purpose</th>
<th>Cost</th>
<th>Quote/Documentation Attached</th>
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TOTAL
Keene State College
Computers and peripherals, iPad or Tablet Purchase
Purchase Approval/Reimbursement Form

Dean Approval: I confirm the expenditure for which reimbursement is requested is justified based on the official duties of the KSC employee named above. Below is the determination of ownership of the purchased property.

_______The above property will become KSC property and will not be taxable to the faculty member.

_______The above property will become the personal property of the faculty member and will be taxed and reimbursed through payroll.

Dean: ____________________________ School: ____________________________

Dean Signature: ___________________________ Date: ________________

Fund/Org: ____________________________ Amount Approved: ________________

For Computer Enhancements: As an authorized designee of Keene State College’s Information Technology Group, I acknowledge meeting with this faculty member to discuss appropriate equipment standards and compatibility and functionality with existing KSC and USNH systems.

ITG Signature: ____________________________ Date: ________________

Employee Certification: I certify that I will comply with the KSC Computer and Network Use policy and agree to its terms and conditions. I understand that my equipment will be listed as property subject to IRS regulations and treated as taxable income.

Employee Name: ____________________________ Employee ID#: ____________________________

Employee Signature: ____________________________ Date: ________________

For Business Office/Human Resources

Budget Move: ____________________________ Entered by: ________________

POSN#__________ TRANS#__________ Entered by: ________________