

Library # _____

PO# _____

AUDIOVISUAL AND COMPUTER SOFTWARE PURCHASE PROPOSAL
KVCC Libraries

Fill in, print, obtain signatures & send to Library AV Dept.

Budget Year _____ New Replacement

TITLE _____

ITEMS EXPECTED _____

List number and type of material (DVD, VTC, etc.)

CATALOG NUMBER _____ COST _____ NO. OF COPIES _____

PUBLISHER/YEAR (Attach information if available) _____

SUPPLIER _____

PHONE NUMBER _____ FAX NUMBER _____

WEBSITE ADDRESS _____

Recommended for course number(s) _____

Are alternative materials available at KVCC? Yes No Don't know
Are alternative materials in library out of date? Yes No Don't know
Call number(s) of outdated material _____

Where do you plan to use this item?
Classroom Library Lab (specify) Other

When do you plan to use this item? Winter _____ Summer _____ Fall _____ ASAP _____
Year Year Year

Requesting Faculty Member Date

Supporting Faculty Member Date

Department Chair Date

Supervising Dean Date

Library Use Only

Date request received _____ ValleyCat catalog checked _____

Material on order checked _____ Material received checked _____

Current publisher's catalog or website checked _____
(Check for correct price & address)

Reviewed by Collection Development Librarian Date

Date order phoned/faxed _____ Date material received in library _____