THE UNIVERSITY OF TENNESSEE
Microsoft Select - Software Purchase Order Form and Certificate of Ownership

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Name: ____________________________ Date: ____________________________

First       Last

Campus or Local Address: ____________________________________________

Phone No: ____________________________ Fax: ____________________________

Dept. Name: ____________________________________________

E-Mail: ____________________________ Contact Name: ____________________________

Cost Center to be Charged: ____________________________________________

Software Name: ____________________________

Software Code: ____________________________

Version: ____________________________ Media Version: ____________________________

Quantity: ____________________________ Product Cost (Each): ____________________________

Software Name: ____________________________

Software Code: ____________________________

Version: ____________________________ Media Version: ____________________________

Quantity: ____________________________ Product Cost (Each): ____________________________

Software Name: ____________________________

Software Code: ____________________________

Version: ____________________________ Media Version: ____________________________

Quantity: ____________________________ Product Cost (Each): ____________________________

Software Name: ____________________________

Software Code: ____________________________

Version: ____________________________ Media Version: ____________________________

Quantity: ____________________________ Product Cost (Each): ____________________________

Additional Comments: ________________________________________________

Distributed By: ________________________________________________

I acknowledge receipt of the above software and agree to comply with the license agreement that accompanies the software package. This software is to be used for Academic Purposes Only.

Received by Signature: ____________________________ Date: ____________________________

(sign with Adobe Sign & Certify OR physically sign. Return via email (khinkle5@utk.edu) or fax (865-974-4810)

For UTSA Use

<table>
<thead>
<tr>
<th>Transfer Document Number (IRIS)</th>
<th>Media Mailed</th>
<th>Purchase Recorded #</th>
<th>En Pointe Invoice #</th>
</tr>
</thead>
</table>

TOTAL COST: ____________________________