

COPIER REQUEST/REMOVAL FORM

Department: _____

Contact: _____ Phone: _____

Fund: _____

Organization: _____

Account Number _____

Need a copier ()

Remove Copier ()

How many people will use this machine? _____

How many copies will you run in an average month? _____

Options that you would like to have: *Check all that apply*

() Stapler () Sorter () Saddle Stitch Finisher () Feeder

() Paper Deck () 2 Trays () Network Printing () Faxing

() Scanning () ID Control System () Cassette Feeding Unit () Envelope Tray

() Scan to Email/Scan to file

Please list details of any and all printers and facsimile machines that your office has in close proximity to where the copier will be or that is shared: How many, what kind of usage, how many cartridges purchased for each in the last 6 months?

PRINTING SERVICES USE ONLY

Date _____ Lease Approved _____ Monthly Cost _____

Signature _____

Director of Printing Services

