REQUEST FOR COPYING EQUIPMENT

PART I
(To be completed by department)

Department: ___________________________ Requester: ___________________________
Telephone: __________________________ Building: __________________________ Key Operator: _____________
Desired Features: ☐ Standard ☐ Special (place on purchase requisition)
Current Monthly Usage: _____________ Annual Maintenance Cost: $__________
Paper Cost: $__________ Other Supplies: $__________
For Department use only: ☐ Yes ☐ No If no, indicate who: __________________________
Future Monthly Volume: _____________ Future Annual Maintenance Cost: $__________
Estimated Paper Cost: $__________ Other Supply Cost: $__________
Desired Copy Volume: ☐ Desktop ☐ Low ☐ Mid ☐ High
(500-5K) (3K-20K) (5K-40K) (5K-50K)
Copier to be purchased from: ☐ Restricted Funds ☐ Unrestricted Funds
Can copying needs be obtained elsewhere in the same building: ☐ Yes ☐ No
Copier: ☐ New ☐ Replacement ☐ Upgrade Trade-in: ☐ Yes ☐ No

Provide a brief substantial reason for request: __________________________

PART II
(To be completed by Purchasing and Business Services.)

Building Designated as: ☐ Copy Center ☐ Non-Copy Center
Building: __________________________ Room: ________
Copier Volume in place: ☐ Desk Top ☐ Low ☐ Mid ☐ High
Number of Users: __________ Copier User Capacity: __________
Copy Center copier adequate to meet needs of building occupants: ☐ Yes ☐ No
Total number of copiers in building including this purchase: __________
Will purchase of copier be cost effective?: ☐ Yes ☐ No

Comments: __________________________

PART III - APPROVAL

Recommend Approval [ ] Disapproval [ ] Date: _______________
By: __________________________

Approval [ ] Disapproval [ ] Date: __________________________
By: __________________________

Comments: __________________________