

TENNESSEE STATE UNIVERSITY

REQUEST FOR FAX EQUIPMENT

PART I

(To be completed by department)

Department: _____ Requester: _____
Telephone: _____ Building: _____ Room: _____
Desired Features: ☐ Standard ☐ Special (place on purchase requisition)
Estimated Cost: \$ _____ Type Paper: ☐ Bond ☐ Other
Annual Costs:
Maintenance: \$ _____ Paper Cost: \$ _____ Other Supplies: \$ _____
For Department use only: ☐ Yes ☐ No If no, indicate who: _____
Fax to be purchased from: ☐ Restricted Funds ☐ Unrestricted Funds
Can fax needs be obtained elsewhere in the same building: ☐ Yes ☐ No
Number of fax machines in department: _____
Will an additional telephone line be required?: ☐ Yes ☐ No
Fax: ☐ New ☐ Replacement ☐ Upgrade Trade-in: ☐ Yes ☐ No

Provide a brief substantial reason regarding the need for a fax machine: _____

PART II

(To be completed by Purchasing and Business Services)

Department Location: Building: _____ Floor: _____
Number of fax machines in building:
First floor: _____ Second Floor: _____ Third Floor: _____ Fourth Floor: _____
Total number of fax machines in building including this purchase: _____

Comments: _____

PART III - APPROVAL

Recommend Approval [<input type="checkbox"/>] Disapproval [<input type="checkbox"/>]	Date: _____
By: _____	

Approval [<input type="checkbox"/>] Disapproval [<input type="checkbox"/>]	Date: _____
By: _____	

Comments: _____

NOTE: Recommend Approval/Disapproval should be Dean, Director or Department Head.
Approval/Disapproval by appropriate Vice President.