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 [ ] Disapproval [ ]
By: ____________________________ Date: ___________

Approval [ ] Disapproval [ ]
By: ____________________________ Date: ___________

Comments: ___________________________________________________________________
__________________________________________________________________________

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