

Equipment Request Form

Requested by: _____ Date: _____

Email _____ Phone _____

New Placement OR Replacing Machine No. _____

Estimated Monthly Volume _____ (only required for new placements)

Reason for Request _____

FEATURES

- | Required | Optional |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Desktop Model (Not available with card reader billing) |
| <input type="checkbox"/> | <input type="checkbox"/> 11 x 17, Ledger-size Paper (Not available on desktop models) |
| <input type="checkbox"/> | <input type="checkbox"/> Sorter/Stapler |
| <input type="checkbox"/> | <input type="checkbox"/> 3-hole Punch (Not available on desktop models) |
| <input type="checkbox"/> | <input type="checkbox"/> Network Print & Scanning (Some scanning not available with card reader billing) |
| <input type="checkbox"/> | <input type="checkbox"/> Fax (Not available with card reader billing) |
| <input type="checkbox"/> | <input type="checkbox"/> Color Scanning with black & white output-print/copy |
| <input type="checkbox"/> | <input type="checkbox"/> Color Output-Print/Copy (Not available with card reader billing) |

BILLING

- | Required | Optional |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Total Meter (No security required.) |
| <input type="checkbox"/> | <input type="checkbox"/> Network Accounting (Customizable network solution.) |
| <input type="checkbox"/> | <input type="checkbox"/> Card Reader (Not available with fax, color output, some scanning features & desktop machines.) |

Customer Comments: _____

Department Name: _____

Exact Location of this copier: _____

Please describe space limitations: _____

Accessible by elevator? OR Stairway delivery required? If yes, number of stairs? _____

Key Operator: _____ Phone _____

Email _____ Mail Code _____

Fiscal Contact: _____ Phone _____

Email _____ Mail Code _____

EQUIPMENT OPTIONS WILL BE EMAILED TO YOU WITHIN ONE WORKING WEEK OF RECEIPT OF THIS FORM

For Imprints Use Only

Type of Billing: _____ Index No. _____

NOTES: _____

Please fold and staple to expose the Mail Code or fax this form to 4-8811 or email form to gwebb@ucsd.edu