

EQUIPMENT REQUEST FORM

Requested by: _____ Date: _____

Email: _____ Phone: _____

New Placement , Estimated Monthly Volume _____ **OR** Replacing Imprints Machine No. _____

Reason for Request: _____

TYPE OF MACHINE Please Select One

- COLOR OUTPUT – Print/Copy/Scan (Not available with Card Reader Billing)
- BLACK AND WHITE OUTPUT – Print/Copy with Color Scanning

FEATURES Please Select All Required Features

- Desktop Model (Not available with card reader billing)
- 11 x 17, Ledger-size paper (Not available on desktop models)
- Sorter with Staple
- Fax (Not available with card reader billing)

BILLING Please Select One

- Total Meter (No Security Required)
- Network Accounting (Department Customizable Network Solution included on all machines)
- Card Reader (Not Available for Color Machines, Fax or Desktop Models)

Full Official Department Name: _____

Exact Location for this Machine - Building Name & Room Number: _____

Please describe any space limitations: _____

- Accessible by Elevator
- Stairway Delivery Required, for additional charge. Please indicate number of stairs _____

Full Name of Key Operator: _____ Mail Code _____

Email Address: _____ Phone Number _____

Fiscal Contact: _____ Phone Number _____

COA (Project No.-Task No.-Funding Source No.) for billing _____

FOR IMPRINTS USE ONLY

Options Sent: _____

Date: _____ Type of Billing: _____

Please send completed form to Gina Webb at gwebb@ucsd.edu or Mail to 0908