

Equipment Request Form

Requesting: Information Only Replacement New Placement

Requested by: _____ Date: _____

Email _____ Mail Code: _____

Phone _____ Fax: _____

Machine No. currently using _____ Estimated Monthly Copy Volume _____

Reason for Request _____

Requested Features:

- | | | |
|--|--|---|
| <input type="checkbox"/> Automatic Document Feeder | <input type="checkbox"/> Card Reader | <input type="checkbox"/> Network Scan to File |
| <input type="checkbox"/> Sorter | <input type="checkbox"/> Network Print | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Staple | <input type="checkbox"/> Network Fax | |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Network Scan to Email | |

Date Equipment Needed: _____

Customer Comments: _____

Department Name: _____

Exact Location of this copier: _____

Please describe space limitations: _____

Stairway Accessible? Yes No If yes, number of stairs? _____

Elevator Available? Yes No

Contact at site: _____ Phone _____

Email _____ Mail Code _____

Fiscal Contact: _____ Phone _____

Email _____ Mail Code _____

For Imprints Use Only Request No. _____

Type of Billing: _____ Index No. _____

Minimum Index Numbers: _____ Delivery Date: _____

NOTES: _____

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

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