

UNIVERSITY OF OREGON PHOTOCOPIER ACQUISITION FORM

Please fill out completely. Mail or Fax 346-5854 to JR Gaddis, printing. Ph.346-3795

DEPARTMENT NAME

INDEX NUMBER

BILL TO:

SHIP TO:

CONTACT NAME:

PHONE

FAX

SIGNATURE _____ **DATE** _____

REQUEST IS FOR: NEW PLACEMENT

REPLACEMENT

TYPE OF COPIER PRESENTLY USED:

TYPE	MODEL	SERIAL	Service ID#
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MONTHLY VOLUME	SPEED	(cpm) Owned	Rented	Leased
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DISPOSITION: Trade-in Surplus Return to Leasor

REASON/JUSTIFICATION FOR NEW COPIER:

AGE/CONDITION OF CURRENT COPIER

CURRENT RENTAL EXPIRES

NEW DEPARTMENT

OTHER

MINIMUM SPECIFICATIONS NEEDED:

SPEED (cpm) Purchase Rental

Equipment/Accessories:

CONTRACT USED TO ACQUIRE COPIER:	Yes	No	Rental	Contract#
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List Quotes:

APPROVED: _____ **DATE:** _____