

**MARSHALL UNIVERSITY**  
**COPIER REQUEST APPROVAL FORM**

Department: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

What is your current machine? \_\_\_\_\_

What is the current meter reading? \_\_\_\_\_

When was it acquired? \_\_\_\_\_  Lease  Rent Monthly Cost: \_\_\_\_\_

What is the Monthly/Yearly Service Cost? \_\_\_\_\_

Monthly copy allowance: \_\_\_\_\_ Toner included?  Yes  No Monthly average of copies: \_\_\_\_\_

How many service calls have you had in the last 12 months? \_\_\_\_\_

How many people will use this machine? \_\_\_\_\_

Options that you currently have: *Check all that apply*

- |                                     |  |   |  |
|-------------------------------------|--|---|--|
| <input type="checkbox"/> Stapler    | <input type="checkbox"/> Sorter            | <input type="checkbox"/> Saddle Stitch Finisher | <input type="checkbox"/> Feeder        |
| <input type="checkbox"/> Paper Deck | <input type="checkbox"/> 2 Trays           | <input type="checkbox"/> Network Printing       | <input type="checkbox"/> Faxing        |
| <input type="checkbox"/> Scanning   | <input type="checkbox"/> ID Control System | <input type="checkbox"/> Cassette Feeding Unit  | <input type="checkbox"/> Envelope Tray |

Please list the options that you are seeking:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Stapler       | <input type="checkbox"/> Sorter                     | <input type="checkbox"/> Saddle Stitch Finisher | <input type="checkbox"/> Feeder        |
| <input type="checkbox"/> Paper Deck    | <input type="checkbox"/> 2 Trays                    | <input type="checkbox"/> Network Printing       | <input type="checkbox"/> Faxing        |
| <input type="checkbox"/> Scanning      | <input type="checkbox"/> ID Control System          | <input type="checkbox"/> Cassette Feeding Unit  | <input type="checkbox"/> Envelope Tray |
| <input type="checkbox"/> Color Copying | <input type="checkbox"/> Scan to Email/Scan to file |   |  |

Please list details of any and all printers and facsimile machines that your office has in close proximity to the copier or that is shared: How many, what kind of usage, how many cartridges purchased for each in the last 6 months

\_\_\_\_\_  
 \_\_\_\_\_

**PRINTING SERVICES USE ONLY**

Date \_\_\_\_\_ Approval to Purchase \_\_\_\_\_ Cost \_\_\_\_\_

Signature \_\_\_\_\_  
 Director of Printing, John Winters

