AMERICAN BUSINESS MACHINES

CALIFORNIA STATE UNIVERSITY BAKERSFIELD

MFD/Printer Request Form

(Please answer all of the following questions. This information will help us select the best equipment for your department.)

Is there a MFD/copier currently in the department near this location?_____

How many copies/prints per month are you expecting? B&W_____ Color_____

Do you need a finisher? _____Yes _____ No _____Stapling_____

Do you need to print envelopes?_____

Do you need MICR toner?(check printing)_____

How many users will be copying/printing/scanning to the device? _____

How many computers will access the copier as a printer? _____# PC's _____#Mac's

Do you have a need for scanning paper originals to PDF? _____Yes _____No

Do you need faxing capability from this copier? _____Yes _____No

Number of paper trays_____ (Paper Sizes) _____Letter _____Legal _____Tabloid

Where will this copier be located? _____

Is there space limitations? If so, what is the space available? _____H x _____W x _____L

Is there a Data Drop (network jack) near the copier location? _____Yes _____No

Is there a power plug within 5 feet of the copier space? _____Yes _____No

Will you need Pin Codes/Copy Limits set up? _____Yes _____No

Is this a replacement to an existing copier/printer or new location? _____

Justification/reason for a printer._____

_____

_____

Comments_____

Name of Originator_____ Date_____

_____
Department Head Signature

_____
Campus Support Services Signature

Fund_____ Dept ID_____ Account_____ Program_____ Project_____ Class_____

Please fax Request Form to 661-654-6969 or email to nokane@csub.edu