

ITS SIUE / WATTS COPIER ORDER

Southern Illinois University Edwardsville

Campus Box1068 or email to its_leasing@lists.siu.edu.

Office Use Only:

New ID: _____

MAC Address: _____

Segment: _____

Model: _____

Existing Equipment ID: _____

Quarterly Cost:

Copier: _____

Data Jack +

New

Move

_____ Per click in range black and white

_____ Per click in range color

_____ Per click over range black and white

_____ Per click over range color

Add-on:

Keep Fax (\$35 quarterly)

Remove Fax

Add Fax (\$35 quarterly)

Fax Number: _____

(submit SIUE ITS Network & Infrastructure Management Service Req Form)

Building Location: _____

Room Number: _____

Budget Purpose Name: _____

Budget Purpose Number: _____

Fiscal Officer: _____

Department Contact: _____ e-ID: _____

Department Contact Number: _____ e-ID: _____

NOTE: Your department will be responsible for keeping this copier for one year (April - March) automatic renewed unless notify ITS by end of February. The contact expires March 2021. Quarterly base charge includes **network jack**. Cost determines by quarterly base plus per click in volume charge. Overages which are number of copies made over your selected monthly volume are billed quarterly.

Fiscal Officer Signature: _____ Date: _____

I certify that there is an unobligated balance in the Budget Purpose indicated for the transaction or copier equipment.

Additional Information: