



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