

# RICOH COPIER REQUEST FORM

KENNESAW CAMPUS

MARIETTA CAMPUS

## INSTALL LOCATION

DEPARTMENT \_\_\_\_\_  
BUILDING # \_\_\_\_\_ ROOM # \_\_\_\_\_  
DEPT CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ REQUESTED DATE \_\_\_\_\_  
COMMENTS \_\_\_\_\_

## REQUIREMENTS

B/W  
 COLOR  
 11" X 17" CAPABLE  
 HEAVY WEIGHT PAPER

STAPLE  
 HOLE PUNCH  
 FAX  
 OTHER \_\_\_\_\_

### CURRENT COPIER INFO.

MAKE \_\_\_\_\_  
MODEL \_\_\_\_\_

### CURRENT MONTHLY VOLUME

B/W? \_\_\_\_\_  
COLOR? \_\_\_\_\_

HOW MANY PAPER DRAWERS DOES YOUR CURRENT MODEL HAVE? \_\_\_\_\_

COMMENTS \_\_\_\_\_  
\_\_\_\_\_

## COPY SERVICES / CAMPUS SERVICES STAFF ONLY

### SUGGESTED RICOH MODEL

\_\_\_\_\_

WILL PHAROS BE INSTALLED ON THIS COPIER?

YES  
 YES

NO  
 NO

WILL NSI AUTOSTORE SCANNING BE INSTALLED ON THIS COPIER?

APPROVAL SIGNATURE

PRINTED NAME

DATE

## RICOH STAFF ONLY

REQUEST RECEIVED DATE \_\_\_\_\_ PROPOSED MODEL \_\_\_\_\_

ACCESSORIES: \_\_\_\_\_

ORDER SENT TO KSU/SPSU \_\_\_\_\_ ORDER REC'D BACK \_\_\_\_\_

ESTIMATED DELIVERY DATE \_\_\_\_\_