

EKU Copier Request

Department: _____

Address: _____

Contact: _____

Email address: _____

Phone: _____

Copier Program or Purchase: (provide any backup documentation) _____

Location of copier: (please be specific) _____

What is the location of nearest copier to this location? _____

Will all the copies produced on this machine be changed to the same organizational code? Yes No

If yes, please list that org. code: _____

If no, please list all associated org. codes _____

Type of copier requested: Black & White Color

Are network, phone and power connections available within 10 feet of the copier location? Yes No

How many computers will be networked to this copier? _____

Estimated number of copies per month: _____

*If request is for color copier--*Estimated color copies per month: _____

black copies per month: _____

What is the strategic application of this copier?

Please return this form to Richard Tussey, CPO 29A or email to richard.tussey@eku.edu