

DEPARTMENTAL COPIER PROGRAM COPY MACHINE REQUEST FORM

The University requires that the Departmental Copier Program review all requests to lease or purchase copy equipment with the purpose of meeting departmental needs within this University Program.

This program provides copy machines, 8 1/2 X 11" white copy paper, all consumable copier supplies and a full service maintenance contract for a per copy charge of \$0.05 (black & white) and \$0.23 (color). For more detailed information please refer to the Copier Program webpage: <http://daf.csulb.edu/copierprogram>. If you would like to request the placement of a copier in your department, please provide the information requested below and return this request to the Departmental Copier Program Office. Or, you may email this completed request form to copierprogram@csulb.edu

REQUESTOR INFORMATION	COPIER INSTALLATION LOCATION	COPIER ADMIN/COORDINATOR
Date: _____	Department/Office: _____	Copier Admin: Name: _____
Requestor Name: _____	Name of Building: _____	Admin Phone#: _____
Requestor Phone#: _____	Room#: _____	

This Request is for:

Networked Black/White and Color Copier/Printer/Scanner	New Copier	Remove Copier
Networked Black/White Copier/Printer/Scanner	Move Copier	Serial Number: _____

Installation Requires Scan to Folder. If checked, please provide full folder path: _____

Please list the names and telephone extensions of the staff members that will be accessing the copier as a printer from their computers. Please attach list.

BILLING INFORMATION

What is your University speedchart that will be used for the monthly billing of prints and copies? _____ Auxiliary Ref # _____

(If you have multiple funding sources please attach a separate sheet with your monthly billing information)

There are two tracking modes available for prints; you can either have one total (with no individual tracking), or you can have password print, which will track and report prints per user name. Please indicate which method you prefer:

Password Required to Print No Password Required to Print

(Note: with password printing enabled, printing and copying functionality may be restricted per user as desired.)

CAMPUS TECHNICAL COORDINATOR INFORMATION

Division: _____ Group/College/Department: _____

Tech Name/Email: _____ Phone# /Ext: _____

Please provide Technical Coordinator information as it appears here:

<http://www.csulb.edu/information-technology/doit-home/campus-technical-coordinators>

TECHNICAL INFORMATION (This Section to be Completed by Campus Technical Coordinator)

Is there an active data connection available at your site for the copier? Yes No If Yes, please indicate data jack #: _____
(Required for Network Functionality Including Printing and Scan to Email)

If Yes, is a data cable for the copier plugged into the jack? Yes No

Direct IP Printing is No Longer Available for Windows. Indicate name of Print Server that will be used for Copier Printing: _____

Is the Print Server Managed by the Campus Technical Coordinator? Yes No

If No, Provide Contact Information for Print Server Admin Name, Email Address and Phone/Ext: _____

Are there Apple/Macintosh machines that you need to be able to print from within your department? Yes No

If Yes, what MAC OS versions will connect to the copier? _____

Please note: DNS name and IP address will be assigned and provided to the technical coordinator prior to the installation of the copier.

SECURITY INFORMATION

Anyone using this copier to email or print needs to comply with campus policy regarding "Acceptable Use of CSULB Electronic Communications Systems and Services". For more information, please review the CSULB webpage at:
http://daf.csulb.edu/offices/vp/information_security/index.html

Authorized departmental signature approving this

ASM / Dean / Director approval Signature:

Print Name: _____

Print Name: _____

Sign Name: _____

Sign Name: _____

Date: _____

Date: _____