**Wright State University / Xerox Managed Print Services**

**Device Add**

Instructions: Please complete this form and email to:

**managedprint@wright.edu**

Please ensure you have your manager approval before submitting this request.

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| Section 1. REQUESTOR INFORMATION and MANAGER APPROVAL |
| Requestor Name | Click here to enter text. |
| Requestor Department/Rm# | Click here to enter text. |
| Requestor Telephone Number | Click here to enter text. |
| Requestor Email Address | Click here to enter text. |
| Approving Business Manager Name  | Click here to enter text. | Date Enter Date |
| Approving Business Manager Signature |  |  |
| Approving VP / Dean Name  | Click here to enter text. | Date Enter Date |
| Approving VP / Dean Signature |  |  |
| Date of This Request | Click here to enter a date. |
| **Section 2. REQUESTED FUNCTIONALITY: Please detail below the office print/copy/scan/fax functionality that is being requested including any special needs that you currently utilize. Also, please include the asset numbers of any current state device you currently use today. (Note: For replacement of failing devices, new device requests should reflect current functionality. If additional functionality is required, business justification should be provided.)** |
| Printing | Choose an item. |
| Copying | Choose an item. |
| Faxing | Choose an item. |
| Scanning | Choose an item. |
| 11x17 | Choose an item. |
| Color | Choose an item. |
| Special Needs/Considerations (3-hole punch, stand)  | Click here to enter text. |
| Business Justification: Click here to enter text. |
| Estimated monthly volume (all functions) 1 ream of paper = 500 pages, 1 box = 5,000 pages | [ ]  <1k [ ]  2-5k [ ]  5-10k [ ]  11-20k [ ]  21-30k [ ]  31k+ |
| How many users use this device? | [ ]  1 [ ]  2-5 [ ]  6-10 [ ]  11-20 [ ]  20+ |
| Requested Installation Date (Please allow at least 3 weeks for processing/fulfilment – if critical business requirements require shorter lead tme please indicate) | Click here to enter a date. | Click here to enter text. |
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| **Section 3. Wright State MPS PROGRAM USE ONLY** |
| Wright State Program Manager |  | [ ]  Approved  | [ ]  Denied |
|  |  | Click here to enter a date. |
| Xerox Service Manager |  | [ ]  Approved  | [ ]  Denied |
|  |  | Click here to enter a date. |
| Wright State CommentsClick here to enter text. | Xerox CommentsClick here to enter text. |