**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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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. |
|  | | | | | | |
| **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 Comments  Click here to enter text. | | | | Xerox Comments  Click here to enter text. | | |