

Request to Move Department Device

Wright State University/Xerox Managed Print Services

Instructions: Please complete this form and email to managedprint@wright.edu

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

Date of this Request: _____

Name: _____

Department: _____

Building: _____ Room#: _____

Phone Ext.: _____ Email Address: _____

Make/Model/Serial No.: _____

Xerox Asset Tag No. X00 _____ Room# for Device _____

What room or place would you like this moved? Please be specific: _____

Required move date? _____

Approving Business Manager Name

Approving Business Manager Signature

Approving VP/ Dean Name

Approving VP/ Dean Signature