

Request to Add/Change 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: _____

 Approving Business Manager Name

 Approving Business Manager Signature

 Approving VP/ Dean Name

 Approving VP/ Dean Signature

REQUESTED FUNCTIONALITY: Please detail 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	Yes / No
Copying	Yes / No
Faxing	Yes / No
Scanning	Yes / No
11x17	Yes / No
Color	Yes / No
Special Needs/Considerations (3-hole punch, stand):	
Business Justification:	
Estimated monthly volume (all functions):	<input type="checkbox"/> <1k <input type="checkbox"/> 2-5k <input type="checkbox"/> 5-10k <input type="checkbox"/> 11-20k <input type="checkbox"/> 21-30k <input type="checkbox"/> 31k+
Number of users for device:	<input type="checkbox"/> 1 <input type="checkbox"/> 2-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 20+
Requested Installation Date (Please allow at least 3-4 weeks for processing/fulfillment):	Critical / Non-Critical:

