

Cost per Copy/Canon Order Form

Office use only
Order Reference Number: _____
Bid File# 615946

Thanks for your interest in the Cost per Copy Program. Please assist us in completing the following order form to expedite your order.

If your machine is networked for printing/scanning, we will also need to have your IT people supply the information requested below.

Please return the necessary info within 2 days of receipt. Your cooperation is appreciated.
Cost per Copy - 1700 Y Street - 68588-0640

If there are questions or the need to discuss features, please call, email or fax us:

TJ Jochum 2-3211 cpc@unl.edu
Fax 2-2144

Contact Info:

Building: _____
(No entry required)

Department Name: _____

Contact Name: _____

Contact Address: _____

Contact Email: _____

Contact Phone: _____

Cost Object: _____

GL: 524301

Machine Location: Bldg: _____ Rm#: _____

Mailing Address: _____

Please estimate the number produced each month of the following:

	Black & White	Color
Copy:	_____	_____
Print:	_____	_____
Scan:	_____	_____
Fax:	_____	_____

Model # _____ CPC

Features _____ Purchase

Includes: Document Handler

Network Print/Scan

Choice of base

Optional (extra charges apply):

Sorter/Finisher

Fax

3-Hole Punch

Other _____

IT Info Needed (if networked or scanning):

IT Contact Info:

Name: _____

Phone: _____

Email: _____

Types of Printing (check all that apply):

Windows

Mac

Sap Postscript

Sap PCL

Postscript

Specialty (other) _____

Scanning:

Email _____

Pin number accounting (attach list):

Yes

No

Fax Header (if applicable): _____

Number computers that will use device: _____

Signature: _____

Date: _____