

## REQUEST FOR COPY/PRINT DEVICE QUESTIONNAIRE

Complete the highlighted areas below and email the form to [copyprint@lists.purdue.edu](mailto:copyprint@lists.purdue.edu)

This form will be reviewed and a recommendation made. Incomplete fields may delay this process.

	Question	Answer
1	What do you need to purchase (printer, copier, fax, scanner, MFD)?	
2	Is your request for a device replacing an existing machine? <i>To drive efficiency the goal is to use existing centrally located equipment and/or consolidate equipment versus purchasing additional standalone devices. Please consider this before requesting new equipment</i>	
	a. If yes, what is the existing device (make/model#)?	
	b. If yes, is the device still in working order?	
3	Is the existing device under lease?	
	a. If yes, what is model#, serial # of the existing device?	
	b. If yes, when does the lease expire?	
4	What is/will be the <u>number of users</u> on the current/proposed machine?	
5	What is the <u>monthly page count</u> usage on your current machine? <i>How many reams of paper do you use per month? (ream = 500pgs)</i>	
	a. Are you expecting this monthly page count to remain the same?	
6	What functionality do you require on the new device?	
	a. B&W (only)	
	b. Color	
	c. Duplex capability ( <i>Duplex printing is encouraged to save on paper usage</i> )	
	d. Scanning (List estimated monthly pages being scanned)	
	e. Faxing	
	f. Stapling	
	g. Hole-punch	
	h. Paper (11x17capability)	
	i. USB	
	j. Envelope printing	
	k. Any "other" special printing needs	
	l. Do you currently use department copy codes for billing purposes on your current device?	
7	Please provide the location for the new device	BLDG: _____ Rm: _____
8	List the <b>other devices</b> (model #s) located near this new request	
	a. Copier/multi-function devices: ( <i>Are any of these leased?</i> )	
	b. Printers:	
	c. Scanners:	
	d. Faxes:	
9	Devices are to be purchased ( <i>not leased</i> ). Please provide any budget limits	
10	Please provide account numbers to be used for this purchase.	
11	Provide your business office contact name/email address	Name: Email:
12	Does the department want extended service coverage for this device? If so, would they like information on: <ul style="list-style-type: none"> <li>a. Cost Per Page Coverage (all-inclusive cost per page program includes all consumables, service trip, labor and parts needed during the life of the contract)</li> <li>b. Extended Warranty –valid three years from date of purchase and includes all service trip, labor and non-consumable parts needed during the contract period.</li> </ul>	
13	<b>Your IT Support staff MUST be involved in these requests.</b> Please copy them on this emailed request for equipment.	Name: Email: