



UNIVERSITY OF SOUTH ALABAMA
NEW COPIER REPLACEMENT REQUEST



** All USA Departments will receive this report, filled out from USA Copier Acquisition Management, 2-3 months before current lease expires. Please fill out information on second page only**

Department: _____ Date: _____

Address/Building/Room #: _____

Responsible Person/Contact: _____ Phone: _____

Is the Copier a (n): New Purchase Upgrade Downgrade

Current Unit: Rented Lease Purchase Purchase

Current Make and Model: _____ Initial Install Date: _____

Average Monthly Volume: _____

Current Monthly Lease Payment: _____ Current Monthly CPC (Usage) Payment: _____

Current Copier Features: _____

New Copier Acquisition

New Copier Make and Model: _____

New Copier Features: _____

Monthly Lease Payment: _____

Monthly CPC (Usage) Payment: _____

_____ (Subject to change based on monthly volume)

