**FY 2025 MULTI-FUNCTION DEVICE REQUEST FORM**

**The Records Management and Finance Divisions of Technology and Operations must approve purchase of all equipment listed below. Use this form before purchasing any multi-function or copier equipment.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dept. No.** | **Department and Division** | **Contact Person** | **Telephone No.** |
|  |  |  |  |
| **FOR NEW OR UPGRADED MULTI-FUNCTION EQUIPMENT** |
| **Please Provide a Business Case for New or Upgraded Equipment Below** |
|  |
| **FOR REPLACEMENT and UPGRADE EQUIPMENT ONLY**  |
| **For replacement or upgrade Multi-Function Devices, provide the Serial Number of the current equipment. If you have already received a quote from Xerox or Canon please forward to Tech and Ops Finance (Paula Beatty) with this form.** |
| **Description of Current Equipment** | **Identification or Serial # of Current Equipment**  | **Description of Replacement or Upgrade Need**  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Equipment will needed by (month/year)** | **Requesting Department Approval (Department Head Signature) / Date** |
| \_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_20\_\_\_\_\_\_ |