**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.**

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| **Dept. No.** | **Department and Division** | | | **Contact Person** | | **Telephone No.** |
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| **FOR NEW OR UPGRADED MULTI-FUNCTION EQUIPMENT** | | | | | | |
| **Please Provide a Business Case for New or Upgraded Equipment Below** | | | | | | |
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| **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** | |
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| **Equipment will needed by (month/year)** | | **Requesting Department Approval (Department Head Signature) / Date** | | | | |
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