

University of Kansas Copier change request form – KU Contract 87100

Terms: 60 months to August 31, 2015

Unisource Document Products (UDP) www.udpcorp.com 8551 Quivira Road, Lenexa KS 666215 (913)599-0913

For service or to order supplies, contact UDP: (913) 599-0299 or (888) 253-0299 or service@udpcorp.com

Please send completed form to purchasing@ku.edu or fax to 864-3454.

Department _____

Contact: _____ PH: _____ Email: _____

Secondary Contact: _____ PH: _____ Email: _____

Dept. Technical Liaison: _____ PH: _____ Email: _____

*Multifunction Device Model: _____ *ID # D *Device Name: _____

Current Building Name: _____ Current Room: _____

*Reference the label on the device

If ordering a new device to replace an existing Multifunction Device or other printer, complete the order form available at www.MultifunctionDevices.ku.edu

If changing the device location, complete the following section:

New Location, Building Name: _____ Room: _____

Department Technical Liaison to complete the following section:

Is the new location within 20 ft of an active data circuit and can it be connected without creating safety issues or

requiring new construction? YES*: Circuit ID, Jack # and/or MAC Address: _____ NO**:

* If YES, is this active data circuit currently in use? YES: NO: (if it is in use, please arrange for the device in use to be removed 24 hours before installation of the new MFD)

** If NO, you must request a new data circuit at: www.technology.ku.edu/network/

Does this device currently use iPrint? YES: NO:

If changing accessories, complete the following section:

Accessory	Add	Remove
Basic finisher w/ stapler		
Booklet finisher		
Hole punch		
Scan to searchable PDF		
Keyboard		
Fax capability		
Large capacity paper tray 2,500 sheets		
Large capacity paper tray 4,000 sheets		
2 additional 1,500 sheet paper trays		
1 additional 2,500 sheet paper tray		

Other instructions: _____

Signature: _____

I hereby acknowledge that this change request is being placed under the terms of KU contract 87100 and further certify that I have the authority to issue the change request.

For Purchasing Use Only:

Approved By: _____ Date: _____

Send Back for Reconsideration: _____

Final Approved Selection: _____

Order Number to be used to track this machine: _____ KU _____