

## GW and MFA Multi-Function Device (Copier/Printer) - Request Form

\*THIS FORM SHOULD BE DOWNLOADED AND COMPLETED AS NEEDED TO MAKE SURE THE MOST UP TO DATE VERSION IS BEING USED.

This form should be used for order placement of department copiers/printers or multi-function devices. As we are supporting our goals of becoming a greener university, requesting department should consider the location and existing equipment that may be used as an alternative to a new order before submitting your request. Please consider consolidating to fewer units/devices, if possible. **Be sure to contact P2P to coordinate the removal of any existing machines prior to delivery and installation of the new equipment.**

The requesting department should work with their IT Pod to select the device that is appropriate and suitable for the department needs from the listed class of machines below. The IT Pod representative **must** sign the completed form. **Submit the completed form through [Gatekeeper](#).**

Requestor Name: \_\_\_\_\_ Department: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Banner Index/Org. Acct.#: \_\_\_\_\_

Installation Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Order Needed by Date: \_\_\_\_\_

### CLASS OF MACHINES TO SELECT FROM

*Contact P2P for contract pricing. Do not contact the vendor.*

Class I
<input type="checkbox"/> Canon iR DX 4725i
<input type="checkbox"/> Xerox B8145

Class II
<input type="checkbox"/> Canon ir DX 4745i
<input type="checkbox"/> Xerox B8155

Class III
<input type="checkbox"/> Canon iR DX 6780i
<input type="checkbox"/> Xerox B8170

Color Class I
<input type="checkbox"/> Canon iR DX C5840i
<input type="checkbox"/> Xerox C8145

Color Class II
<input type="checkbox"/> Canon ir DX C5850i
<input type="checkbox"/> Xerox C8155

Color Class III
<input type="checkbox"/> Canon iP C265
<input type="checkbox"/> Xerox C8170

Other: \_\_\_\_\_

(Please provide the reason for the special order/request outside of the listed contracted machines)

Papercut License

Hole Punch

Stapling

Do you have existing device(s) that need to be removed: Yes  No

Manufacturer: \_\_\_\_\_

Model/Serial#(s): \_\_\_\_\_

Current Location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lease

Purchase

Lease Term:

24 months

36 months

Other: \_\_\_\_\_

**APPROVALS**

IT Support Team Representative/Pod Name: \_\_\_\_\_

IT Support Team Representative/Pod Signature: \_\_\_\_\_

Please email the P2P team at [p2p@gwu.edu](mailto:p2p@gwu.edu) or [p2p@mfa.gwu.edu](mailto:p2p@mfa.gwu.edu) for more information.