

# COPIER REQUIREMENTS SURVEY

Please answer all applicable questions regarding your copier needs. The information will be used to provide you with quotations on copiers that may best meet those needs.

**Fax to: Charlie Hoffman, at 275-5425 and return the signed original to: Box 706**

Department: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person E-mail: \_\_\_\_\_ Dept. Intramural Address: \_\_\_\_\_

**Current Copier:** Manufacturer: \_\_\_\_\_; Model #: \_\_\_\_\_; S/N: \_\_\_\_\_

Copier Location (Bldg/Rm#): \_\_\_\_\_ Date Installed: \_\_\_\_\_

Dept. Owned:  Lease:  PO# \_\_\_\_\_ Rented through Copy Center  Rate \_\_\_\_\_

Maintenance: Dept:  PO# \_\_\_\_\_ Copy Center:  Is copier operated with card reader?: yes  no

Current Monthly Copy Volume: \_\_\_\_\_ Current Supply Costs (monthly): \$ \_\_\_\_\_ Paper Cost (monthly): \$ \_\_\_\_\_

**Copier Requirements**

Maximum Estimated Future Monthly Usage: \_\_\_\_\_

**Type of Original Normally Copied:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Typed Sheets    | <input type="checkbox"/> Transparencies   | <input type="checkbox"/> Photos                |
| <input type="checkbox"/> Ledger Paper    | <input type="checkbox"/> Multi-part Forms | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Bound Documents | <input type="checkbox"/> Drawings         |  |

Size of Documents Being copied: Largest: \_\_\_\_\_ Smallest: \_\_\_\_\_

**Features and Accessories Required:**

- |  |   |
|--|---|
| <input type="checkbox"/> Document Feeder                               | Multifunction:  |
| <input type="checkbox"/> Sorter/Collator                               |   |
| <input type="checkbox"/> Stapler/Finisher                              |   |
| Duplexing  | <input type="checkbox"/> Fax: <input type="checkbox"/> Network Print <input type="checkbox"/> Scan to E-mail <input type="checkbox"/> |
| <input type="checkbox"/> Single Sided Originals                        | <input type="checkbox"/> *Auxiliary Paper Tray/Cassette   |
| <input type="checkbox"/> Two Sided Originals                           | <input type="checkbox"/> *Auditron/Copy Controller  |
| <input type="checkbox"/> Reduction                                     |   |
| <input type="checkbox"/> 11" x 17" to 8 1/2" x 11"                     |   |
| <input type="checkbox"/> 11" x 14" to 8 1/2" x 11"                     |   |
| <input type="checkbox"/> Enlargement – Specify desired ratio(s): _____ |   |
| <input type="checkbox"/> Variable Zoom                                 |   |
| <input type="checkbox"/> Stand   |   |

***\*NOTE: These features are generally not standard on many copiers and are options available at additional cost. These options are intended for machines where monthly volume will exceed 30,000 copies per month or where special needs exist.***

**Special Requirements: (Please specify)** \_\_\_\_\_

Size of area where you intend to locate the copier: Width \_\_\_\_\_ (ft) Length \_\_\_\_\_ (ft)

If you **own** your current copier, do you wish to offer it for a trade-in? Yes  No

**Desired Delivery Date:** \_\_\_\_\_