

Printer Request Form

Phone: 902.494.4363 Email: office.printers@dal.ca

Requirements

- | | |
|---|--|
| <input type="checkbox"/> B/W | <input type="checkbox"/> Assessment Scanning (OCR) |
| <input type="checkbox"/> Colour | <input type="checkbox"/> Envelope Printing |
| <input type="checkbox"/> Print | <input type="checkbox"/> Staple |
| <input type="checkbox"/> Copy | <input type="checkbox"/> 3-hole punch |
| <input type="checkbox"/> Scan | <input type="checkbox"/> Cabinet (smaller units) |
| <input type="checkbox"/> Fax | <input type="checkbox"/> Surge Protection |
| <input type="checkbox"/> Installation (by Konica) | |

Once we know your print requirements, we will identify a device that meets the day-to-day print needs of your team and provide you with the cost and timeline for delivery/installation. If you're ready to proceed, please complete this order form to lease an office printer or purchase a desktop printer and send it to office.printers@dal.ca. If you have questions, please email or call (902) 494-4363 to speak with a member of the Printing Services team.

Dates/Times to avoid for delivery/installation (if applicable): _____

of paper trays required; 1, 2 or 3: _____

of users: _____ (Will there be multiple users or a single user?)

Expected volume: _____ (How many pages will be printed in a month on average?)

Account Tracking: ☐ (Do you need to know who's printing and how much?)

Customer Information

Faculty/Dept/Unit: _____

Delivery/Installation Address: _____

Building: _____ Floor: _____ Room: _____

Administrative Contact: _____ Phone: _____

Contact Email: _____ Project Email (Required): _____

Fax #: _____ Network Plate #: _____

Org - Acct (xxxxx-xxxx): _____

Comments