



#EA _____

A D F _____

Date

APPLICATION FOR GRAPHIC EQUIPMENT (EA)

Instructions: Submit one application for each individual piece of equipment requested. Complete each section that applies to your situation. Indicate sections that do not apply with "NA". Attach supporting documents, and send to: Print & Copy Services, USRB. If you have any questions about completing this application, please call Charles Licht, 414-229-4064 or Chastity Rhodes, 414-251-7951.

Agency Name <p style="text-align: center; font-weight: bold;">UW-Milwaukee</p>	Department	
Division	Organization # (i.e. 401830)	
Delivery Address (Include Building & Room #)		
Person Requesting Equipment	Title	Phone
Agency Printing Manager Name <p style="font-weight: bold;">Charles Licht</p>	Phone <p style="font-weight: bold;">414-229-4064</p>	
Indicate what problems you are currently experiencing (Check all that apply)		
<input type="checkbox"/> Cost <input type="checkbox"/> Service <input type="checkbox"/> Quality <input type="checkbox"/> Lease Term Ending		
<input type="checkbox"/> Other (Explain) _____		
Indicate what type of copying, printing or bindery you wish to do with this equipment (Check all that apply)		
<input type="checkbox"/> Letterhead <input type="checkbox"/> Books <input type="checkbox"/> Exams <input type="checkbox"/> Labels <input type="checkbox"/> Posters: size _____		
<input type="checkbox"/> Folding <input type="checkbox"/> Saddle-Stitching <input type="checkbox"/> Binding: _____		
<input type="checkbox"/> Other (Please Specify) _____		
What has been your average monthly volume for the past year?		
<input type="checkbox"/> under 1,000 <input type="checkbox"/> 1,000 - 5,000 <input type="checkbox"/> 5,001 - 10,000 <input type="checkbox"/> 10,001 - 15,000 <input type="checkbox"/> 15,001 - 20,000		
<input type="checkbox"/> 20,001 - 30,000 <input type="checkbox"/> 30,001 - 40,000 <input type="checkbox"/> 40,001 - 50,000 <input type="checkbox"/> 50,001 - 100,000 <input type="checkbox"/> Over 100,000		
<input type="checkbox"/> Posters: Size: _____ Qty: _____		
<input type="checkbox"/> Other: _____		

What is your projection of average monthly volume for the future?

- under 1,000 1,000 - 5,000 5,001 - 10,000 10,001 - 15,000 15,001 - 20,000
 20,001 - 30,000 30,001 - 40,000 40,001 - 50,000 50,001 - 100,000 Over 100,000

Posters: Size: _____ Qty: _____

Other: _____

Current Equipment

Model

Make

Date Acquired

Equipment Application Number

Will your current equipment be:

- Traded-In Surplused Lease Terminated Rental Terminated

Other (Explain) _____

What are your current costs?

Per Copy \$ _____ Per Month \$ _____ Other \$ _____

What do you anticipate your costs will become?

Per Copy \$ _____ Per Month \$ _____ Other \$ _____

How do you plan on acquiring the proposed equipment?

- Statewide Copier Contract Purchase Lease

Band # _____ Stand-Alone LAN Connected MFP Minimum Allowance _____

- BID (Please specify and include any supporting data) Purchase \$ _____ Lease

Proposed equipment description (i.e. brand name and model - attach equipment literature)

Please list any non-standard specifications/additional accessories

Other Information (include anything you think is relative to your request)

- Approved Denied Forward to Madison for Approval

Printing Manager Signature

Date