

COPY MACHINES OPEN PAYMENT 2006-2007 School Year

Please complete a separate form for each machine.

Location	Department/Program	Requested by	Date
Principal's Approval		Account Code*	Date

*If different account codes are to be used, please designate in the 1st column below.

Description	
<p>Lease <input type="checkbox"/></p> <p>Account Code❖</p>	<p><input type="checkbox"/> <i>Monthly Amt</i> _____</p> <p><input type="checkbox"/> <i>Quarterly Amt</i> _____ ← Check one</p> <p>Vendor name _____ Contract # _____</p> <p>Vendor address _____ Model # _____</p> <p>Vendor city, state, zip _____ Serial # _____</p>
<p>Maintenance <input type="checkbox"/></p> <p>Account Code❖</p>	<p><input type="checkbox"/> <i>Monthly Amt</i> _____</p> <p><input type="checkbox"/> <i>Quarterly Amt</i> _____ ← Check one</p> <p>Vendor name _____ Contract # _____</p> <p>Vendor address _____ Model # _____</p> <p>Vendor city, state, zip _____ Serial # _____</p>
<p>Additional Charges <input type="checkbox"/></p> <p>Account Code❖</p>	<p><input type="checkbox"/> <i>Additional copy charge of _____ per copy over _____ number of copies</i></p> <p><input type="checkbox"/> <i>Additional charge for supplies</i></p> <p><input type="checkbox"/> <i>Other (description) _____</i></p> <p>Vendor name _____ Contract # _____</p> <p>Vendor address _____ Model # _____</p> <p>Vendor city, state, zip _____ Serial # _____</p>
<p>❖ Complete only if account codes are different than what was entered at the top of the page.</p>	