

Illinois State University

Quote Request for Copier

DEPARTMENT TO COMPLETE

Department Name: _____

Contact: _____

Physical Address _____

Billing Address: _____

Building & Room # _____

(Dept) _____

Street Address: _____

Campus Box: _____

_____ Normal, IL 61761 _____

_____ Normal, IL 61790 – Campus Box _____

Phone #: _____

Email Address: _____

Existing Model #: _____

Annual Usage: _____

VENDOR TO COMPLETE

Vendor Name: _____ Payable to: _____

Vendor Contact: _____ Vendor Email: _____

Quote valid through: _____

Proposed Equipment:

Features:

☐ Extra Paper ☐ Fax Line ☐ Stapler ☐ Hole Punch
☐ Cabinet ☐ Stand ☐ Other _____

Maintenance/Service ☐ Included ☐ Not Needed (Purchase Only)

Included with Service: _____ Mono Copies ☐ Month ☐ Quarter ☐ Year
Color Copies ☐ Month ☐ Quarter ☐ Year
Consumables Included: ☐ Black Toner ☐ Color Toner ☐ Ink ☐ Drums ☐ Parts
☐ Staples ☐ Labor

Transaction Type:

☐ Rental ☐ Purchase - Equipment Cost: _____

Rate: _____ billed ☐ Monthly ☐ Quarterly ☐ Yearly
☐ Service or ☐ Lease Term: # _____ months **Renewals:** ☐ Yes _____ ☐ No
B/W Overage: _____ billed ☐ Monthly ☐ Quarterly ☐ Yearly
Color Overage: _____ billed ☐ Monthly ☐ Quarterly ☐ Yearly
Estimated Overage: _____
Total Contract Cost: _____