



Copier Needs Assessment



** REQUIRED FIELDS

Department Name:	**Current Copier Model and S/N:
Contact Name:	**Is your Current Copier: Owned Leased Rented MPC Copier Program
Building:	**Leasing Company:
Room #:	**Current Monthly Payment:
Phone: Fax:	**Months Remaining on Lease:
Email:	**Vendor Providing Service:
	**Cost of Current Annual Service Agreement:
IT Contact Name:	**Copy Allowance:
IT Contact Phone #:	**Cost for Copies Over Allowance:
IT Contact Email:	**Are Supplies Included in Maint/Lease?
	**Termination Date of Service Agreement:
	**Service Agreement Purchase Order Number:

COPIER REQUIREMENTS

Average Monthly Black & White Copy/Print Volume:	Double Sided 3 Hole Punch Stapling 2 Paper Trays Large Capacity Paper Tray
Average Monthly Color Copy/Print Volume:	
How much of this monthly volume is internal?	Fax Color Printing Network Scanning Postscript Other
How much of this monthly volume is external?	
Do you use MAC's, PC's or Both?	
Required Paper Sizes: 5.5 x 8.5 8.5 x 11 8.5 x 14 11 x 17 Other:	Do you expect your copy volume to increase or decrease? Yes No If yes why?
How many people will be using this copier?	
Is your current copier networked? Yes No	
Do you fax with your current copier? Yes No	
Do you use your current copier for scanning? Yes No	
Do you use user codes on your current copier? Yes No If yes, how many codes are you using?	
Do you want to trade your current copier? Yes No	

Please list any copier requirements not already listed above:

Please provide an explanation of your current state (needs changed/product issues, etc.), and why you are requesting other equipment at this time?