

Request to Use Color Copier

All color copying will be charged to your departmental budget at the rate of \$0.05 per page.
You will be invoiced for the total amount on the account number provided.

Entered By: _____ Division: _____ Department: _____

Budget #:

--	--	--	--	--	--	--	--

Note: You will need to submit multiple requests to use more than one budget number.
You will be invoiced for the amount requested to this budget number.

Primary Copier Location: _____

List of Employees requesting access to color printing:

Last Name: _____ First Name _____ Employee ID# _____ # of Copies _____

Last Name: _____ First Name _____ Employee ID# _____ # of Copies _____

Last Name: _____ First Name _____ Employee ID# _____ # of Copies _____

Last Name: _____ First Name _____ Employee ID# _____ # of Copies _____

Last Name: _____ First Name _____ Employee ID# _____ # of Copies _____

Total # of Copies purchased: _____

Total Funds to be invoiced for (Number of Copies *.05) _____

Approvals:

Requester: _____ Signature: _____ Date: _____

Budget Manager: _____ Signature: _____ Date: _____

Send all signed requests to **Campus Technology Services.:**

Print

Send email copies to SBVC-PrintingServices@sbccd.cc.ca.us:

Email