



CALIFORNIA STATE UNIVERSITY, LONG BEACH

**DEPARTMENTAL COPIER PROGRAM
COPIER SUPPLY ORDER FORM**

NOTE: THIS ORDER MAY BE FAXED TO THE PROGRAM OFFICE AT X.52470

ALL ORDERS WILL BE VERIFIED AGAINST COPIER READINGS TO INSURE THAT SUPPLIES ARE BEING USED IN REFERENCED COPY MACHINE. ANY ABUSES WILL BE BILLED TO THE DEPARTMENT.

DEPARTMENT: _____ **DATE:** _____
(Full Dept. Name Please, No Initials)

REQUESTOR'S NAME: _____ **PHONE #** _____

COPIER LOCATION: _____ **COPIER SERIAL #:** _____

CURRENT COPIER METER READING (REQUIRED): _____

DELIVER SUPPLIES TO BUILDING: _____ **ROOM #** _____

OPEN DURING LUNCH HOUR? _____ **YES** _____ **NO** _____

QUANTITY	SUPPLY TYPE	COPIER MODEL	CURRENT INVENTORY

SUPPLIES RECEIVED BY: _____ **DATE:** _____
(Please sign name to confirm receipt of supplies.)