CSULB DEPARTMENTAL COPIER PROGRAM

COPY MACHINE USAGE MONTHLY READING REPORT

(DUE ON THE 15TH OF EACH MONTH)

(EMAIL TO: copierprogram@csulb.edu OR FAX #52470)

DEPT. REQ.# _____

DATE: _____ **DEPARTMENT:** _____

PERSON SUBMITTING REPORT: _____ **EXT.** _____

- COPY MACHINE SERIAL NUMBER: _____
- CURRENT COPIER/AUDITRON METER READING: _____
- LESS PREVIOUS COPIER/AUDITRON METER READING: (-) _____
- EQUALS TOTAL COPIES FOR CURRENT MONTH: (=) 0

DETAIL FOR BILLING LISTED BELOW:

		(REQUIRED)		(OPTIONAL)					
Copier Code #	Issued To:	FUND (5-Digits)	DEPT.ID (5-Digits)	PROG. (5-Digits)	PROJECT (10-Digits)	CLASS (5-Digits)	Total Copies	Total Charge (@.0475)	Approved By:
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TOTAL OF ALL COPIES: 0

COPIER KEY OPERATORS: PLEASE CHECK YOUR LEVEL OF SATISFACTION WITH YOUR COPIER THIS MONTH:

☐ **Excellent** ☐ **Good** ☐ **O.K.** ☐ **Poor**

COMMENTS: _____