



CALIFORNIA STATE UNIVERSITY, LONG BEACH

**DEPARTMENTAL COPIER PROGRAM
REQUEST FOR COPY MACHINE PASSWORD (ECM)**

The purpose of this form is to request the issuance of a password to activate a Program copy machine that utilizes an "electronic copy monitor" (ECM). The ECM is an activation control device in operation on most of the Copier Program copy machines. These copy machines are activated by entering a numeric password on the keypad of the copier. The copier keeps track of the number of copies made, and at the end of each month the key operator "reads" the stored information, fills out a billing form and submits it to the Program office to be billed. The copy counts are read and erased each month. If you would like to be issued a password to activate one of these copy machines, please complete the form below, have it signed by the appropriate fiscal officer and return this to the Departmental Copier Program Office. (This form may be faxed to x.52470)

DATE: _____

REQUESTOR NAME: _____ PHONE # _____

REQUESTING DEPARTMENT: _____

PASSWORD NEEDED FOR COPIER IN WHICH DEPARTMENT: _____

NUMBER OF PASSWORDS REQUESTED: _____

5-DIGIT NUMERICAL PASSWORD PREFERRED: _____

PERSON(S) WHO WILL BE USING PASSWORD: _____

PASSWORD NEEDED FOR WHICH COPY MACHINE? _____

REQUEST COLOR COPY ACCESS (IF APPLICABLE)? _____ YES _____ NO

BILL MONTHLY COPY CHARGES TO THE FOLLOWING ACCOUNT: FUND # _____

DEPT.ID # _____ PROGRAM # _____ PROJECT # _____ CLASS # _____

I understand that I am authorizing the issuance of a password which will be used to make copies for an ongoing period of time, and that all copies made will be billed monthly to the account number referenced above at a cost of .0475 cents per black/white copy and .35 per color copy.

A billing information sheet showing each copier account number, total number of copies made for current month, billing account number and total dollar amount billed will be completed by the copy machine key operator on approximately the 15th of each month and will be available to you upon request.

FISCAL OFFICER SIGNATURE

DATE

(For Departmental Copier Program Use: Copier Code # Issued for this Request: _____)