

**SOUTHERN CONNECTICUT STATE UNIVERSITY  
New Haven, CT 06515**

**REQUEST AND AUTHORIZATION FORM FOR COLOR COPY SERVICES**

**1) NAME OF PERSON PLACING REQUEST FOR COLOR COPY SERVICES:**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Department**

**Telephone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_ **E-mail:** \_\_\_\_\_@southernct.edu

**2) BANNER ORG:**

Note: All color copy services will be charged to Account Code 773110
--

**3) TO BE COMPLETED BY THE BANNER COST CENTER MANAGER:**

My signature below authorizes the requestor listed in item 1 to order color copy services and the costs incurred for color copy services will be applied to the Banner Org (s) as listed in item 2. I understand that I am responsible for maintaining this budget (s) and I am also responsible for reporting a change in this authorization.

\_\_\_\_\_  
**Signature** \* \_\_\_\_\_  
**Date**

\* Since *you* are the Banner Cost Center Manager for the listed Banner Org,(s) your written approval to allow the requestor permission to directly order color copy services from the duplicating department and charge such costs to your Banner Org (s) is required. Although you may be authorizing this individual to acquire color copy services, as the Banner Cost Center manager you are entirely responsible for maintaining expenses within your budget. Should a color copy service request bounce due to insufficient funds, the requestor will be immediately disabled from further use. If this should occur, you will need to resolve any budget problems before any future color copy services can be processed. In addition, it is your responsibility to notify Finance and Administration should this user no longer have your permission to order color copy services through the duplicating department.

**RETURN COMPLETED FORM TO:**

**Richard Fabish, Duplicating Department, Engleman Hall, and RM: B012-C.**

**Access to the color copy services generally occurs within one week.**

**Requestor will be notified when services have been approved via e-mail.**