

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 NUMBER: _____

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 as listed in item 2. I understand that I am responsible for maintaining this budget 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 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 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 with in 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 Duplicating Services should this user no longer have your permission to order color copy services through the duplicating department.

RETURN COMPLETED FORM TO:

Thomas Struble, Director of Facilities Operations Services, Facilities Operations Room 120

Access to the color copy services generally occur within one week. Requestor will be notified when services have been approved via e-mail.