

PRINTING SERVICES

Copier Management Program

1425 South Main Street ▶ Blacksburg, VA 24061 ▶ 540-231-1622 ▶ www.printing.vt.edu/cmp



Device Lease Agreement

Date: _____

Ordered By:	Administrative Oversight of Device:
Name: _____	Name: _____
Department: _____	Department: _____
Building: _____	Building: _____
Room number: _____	Room number: _____
Mail code: _____	Physical mailing address: _____
Phone number: _____	Phone number: _____
PID: _____	PID: _____

Dept. Number	Org.	Fund (no split funds at this time)
Finance Contact Name	Finance Contact Email	Finance Contact Phone Number
IT Contact Name	IT Contact Email	IT Contact Phone Number

Approved by (print): _____ Date: _____

Approved by (signature): _____ Date: _____

Signature acknowledges responsibility for this lease for the period described herein. If delivery is declined, you are responsible for payment until the device(s) can be relocated.

The department is required to provide an active network connection for copier(s) automated monitoring.

Copier Device Information:

Vendor: Ricoh, USA via contract VTS-174-2016, PO# A208_VTS17416

Term of Lease: 36 months from delivery of device

Model number: _____

Options: _____

Monthly Lease Cost: _____

Copy Charge: B/W: .0253 per B/W impression Color: .0681 per color impression

Fixed Asset number: _____ Serial Number: _____

Delivery Date: _____

New Order: Change Order:

