

Printer/Device Form

This form must be completed for the purpose of accuracy of information and authorisation for payment.

New Install Move Remove Upgrade

Device #: _____ Serial #: _____ Model: _____

CAMPUS: _____ DEPARTMENT: _____

CURRENT DEVICE INFORMATION	
Contact Name	
Phone Number	
Email Address	
Cost Centre	
Current Location Address	Rm# <input type="text"/> Building <input type="text"/> Address <input type="text"/> <input type="text"/>
Bldg Code	City <input type="text"/> Postcode <input type="text"/>
Date	Date <input type="text"/> Time <input type="text"/>
Site Access	Stairs <input type="checkbox"/> Elevator <input type="checkbox"/>
Port / Outlet	
Toner / Consumables Delivery Address	Rm# <input type="text"/> Building <input type="text"/> Address <input type="text"/> <input type="text"/> City <input type="text"/> Postcode <input type="text"/>

NEW DEVICE INFORMATION	
Contact Name	
Phone Number	
Email Address	
Cost Centre	
New Location Address	Rm# <input type="text"/> Building <input type="text"/> Address <input type="text"/> <input type="text"/>
Bldg Code	City <input type="text"/> Postcode <input type="text"/>
Date	Date: <input type="text"/> Time <input type="text"/>
Site Access	Stairs <input type="checkbox"/> Elevator <input type="checkbox"/>
Port / Outlet	
Toner / Consumables Delivery Address	Rm# <input type="text"/> Building <input type="text"/> Address <input type="text"/> <input type="text"/> City <input type="text"/> Postcode <input type="text"/>

COST OF RELOCATION: Please tick appropriate boxes below

- Building to Building - \$250 + GST
- Within Building - \$250 + GST
- Campus to Campus

All other non-standard relocation charges require a quote.

Special Instructions:

INSTALLATION REQUIRED All moves require a POrder for re-installation

- Yes - \$144 + GST

(Add + 1.5% MBIE Admin Fee to overall total + GST)

Purchase Order _____
(made out to Canon NZ Ltd)

Note: Two weeks notice is essential prior to any relocation request



NAME: _____

DATE: _____

TITLE / POSITION: _____

SIGNED:

DNS NAME: _____

IP ADDRESS: _____

MAC ADDRESS: _____

IT HUB: _____

ASK IT R#: _____

Please email completed form to uniflow.uniprint@otago.ac.nz