

Print 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# Building Address
Bldg Code	City Postcode
Date	Date Time
Site Access	Stairs Elevator
Port / Outlet	
Toner / Consumables Delivery Address	Rm# Building Address City Postcode

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

COST OF RELOCATION: Please tick appropriate boxes below

- Building to Building - \$250 +GST
- Within Building - No charge
- Campus to Campus

All other non-standard relocation charges require a quote.

Special Instructions:

INSTALLATION REQUIRED Please tick appropriate boxes below

- Yes - \$135 +GST
- No

Purchase Order _____
(made out to Canon NZ Ltd)



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