

## **Printer Pre-Order Evaluation**

Building/Location:	Date:	
Step 1: Completed by:	(Tech Liaison)	
	(ITS Technician	า)
1 NAME of the group for an arranting of		
1.) What is the reason for requesting a ne	·	
Replacement of old printer	Comments:	
Adding a printer to the building		_
2.) In what room/office will the printer be located (include room number)?* Keep in mind: Is there a table to set the printer on? Is there a network drop near the table? Is there an electrical outlet nearby?		
3.) Do you want this printer on managed p	print services? Yes No	
If so, please provide SKSD Budget Code:		
4.) Who will be printing to the printer?		
All Staff	Authorized Users:	
Students		
Parent Volunteer/PTSO/PTA		
Authorized Staff Only (provide names)		
<del>_</del>		
5.) Estimated usage:	_ pages per day	
B & W Full Color		
Bottom Portion to be com	pleted by Information Technology Services	
Based on the information provided, the pr	rinter that is recommended from our Purchasing Standard is:	
HP Model:		
		_
QBSI Tag #:		_
Attention Purchasing Agent: PO #:	Date:	

<sup>\*\*</sup>Purchasing: please return form to ITS after the order is placed \*\*