

General Services Agency
 Color Copier Request
 Ventura County Contract #6473
 County-Wide Multifunctional Device Rental Program

To: Copier Program Administrator

From: _____

Date: _____

Agency: _____ **Department:** _____

Contact: _____ **Telephone No.** _____

Present Copier Model No. _____ **Serial No.** _____

Is current/replacement copier networked? ____ Will new copier be networked? ____

To receive a color copier the department must give up their laser printers.

What Laser printers are you giving up? _____

Give monthly estimate of copy volume during a typical month. _____

Give the proposed location of requested copier (complete address including building, room). _____

Briefly summarize the overall purpose, goal, or benefit to be achieved in accepting this request. Fully explain anticipated gains in personnel time and justify the selection of the requested color copier over current copier _____

Please charge the copies as follows:

Agency	Fund	Org	Object	Activity	Project

 Authorized Signature

FOR GSA-PROCUREMENT OFFICIAL USE ONLY

This form will act as Addendum # _____ to County of Ventura Contract #6473 and is intended to be used when adding, upgrading or moving any Segment 1 through 5 Convenience Multifunctional Device.

1. The Convenience Multifunctional Device fleet is revised as follows:
 - a. The following Equipment _____ is **added** as indicated above:
 - b. Pricing and Configuration per Contract 6473.
2. Except as stated in this Addendum, County of Ventura Contract #6473 shall remain fully intact.

By signing below we indicate our acceptance of this Contract Addendum:

THE COUNTY OF VENTURA:

CANON BUSINESS SOLUTIONS, INC.

 Printed Name of Authorized Representative

 Printed Name of Authorized Representative

 Title of Authorized Representative

 Title of Authorized Representative

 Signature of Authorized Representative

 Signature of Authorized Representative

 Date

 Date

