

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

To: Copier Administrator
 From: _____

Date: _____

Agency: _____ **Department:** _____
Address: _____ **Floor:** _____ **Room #:** _____
Contact: _____ **Telephone No.:** _____

Note: Actual cost will be based on current list price, less discount, and varies by model number. Not all upgrades are available for all models.

Models	Models	Models	Models	Check all that apply	Est. Cost	Actual Cost
<input type="checkbox"/> IR 3225, <input type="checkbox"/> CIR5030	<input type="checkbox"/> IR3235i <input type="checkbox"/> CIR 5035	<input type="checkbox"/> IR3245i <input type="checkbox"/> IR6055 <input type="checkbox"/> CIR5045 <input type="checkbox"/> CIR 5051	<input type="checkbox"/> IR 8085 <input type="checkbox"/> IR 6075	<input type="checkbox"/> Faxing (2,3 & 4) <input type="checkbox"/> Saddle Stitching (3, 4 & 5) <input type="checkbox"/> Hole Punching (2 & 3)	\$486.00-\$564.00 \$1626.00-\$4504.00 \$387.00-\$613.00	
Serial No.	Serial No.	Serial No.	Serial No.	Comments:		To be completed by Procurement

Please charge 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 **upgraded** as indicated above.
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
 Senior Buyer

 Title of Authorized Representative

 Signature of Authorized Representative

 Date

 Printed Name of Authorized Representative

 Title of Authorized Representative

 Signature of Authorized Representative

 Date

