

COPIER CANCELLATION FORM

DEPARTMENT: _____

DATE: _____

PLEASE COMPLETE THIS FORM AND RETURN TO PURCHASING.

MACHINE TO BE CANCELLED

BRAND: _____

MODEL: _____

SERIAL NUMBER: _____

EFFECTIVE DATE OF TERMINATION: _____ **AT LEAST 30 DAYS**

LOCATION OF MACHINE TO BE PICKED UP: _____
(Building name and Room number)

DEPARTMENT CONTACT PERSON: _____

PHONE # OF CONTACT: _____

PURCHASE ORDER # OF COPIER BEING CANCELLED: _____

NOTE: CONTACT KAREN EMERSON IMMEDIATELY AFTER COPIER HAS BEEN PICKED UP BY VENDOR.

FOR OFFICE USE ONLY

DATE SENT TO VENDOR: _____