

Equipment **Removal** Requisition Form

University of Miami

IMPORTANT NOTE: All returned equipment will incur a service fee of \$170.00 per device.

Control #

To Be Completed By MPS

DATE:

To: MPS

Coral Gables

Gables One

12th Floor

1430

Remove From:

Name/Department	Campus	Building	Room	Locator Code
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Delivery Address:				
Department			Fax	

Street	Building	Room	Locator Code
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City	FL State	Zip	
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Contact	Phone Cell Phone	E-mail
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Back Up Contact	Phone Cell Phone	E-mail
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Comments or Special Instructions:	Stairs: Yes No	Other
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		Key Operator	Phone
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Account No.	% Charged	Equipment Return Service Fee	Model to be removed	Serial Number	Requested date of Removal
		\$170.00			
		\$170.00			
		\$170.00			

How many unused toner and/or waste toner cartridges do you have that need to be removed?

Reason for removal of above device(s):

Printed or Typed Name of Authorized Signature	Department Head or Dean Approval
Authorized Signature	Date
	Budgetary Approval