



COPIER CANCELLATION FORM

Department: _____

Date: _____

Please complete this form and return to Purchasing, Campus Box 17

Machine to be cancelled

Brand: _____

Model: _____

Serial Number: _____

Effective Date of Cancellation (must give at least 30 day notice): _____

Pick-up location of the machine: _____
(Building name/Room number)

Department Contact Person: _____

Phone Number of Contact: _____

Purchase Order Number of copier being cancelled: _____

NOTE: CONTACT AMY DOSS @ 4325 IMMEDIATELY AFTER COPIER HAS BEEN PICKED UP BY VENDOR.

FOR OFFICE USE ONLY

DATE SENT TO VENDOR: _____