

General Services Agency
Copier Segment Upgrade Request
Ventura County Contract #7895
County-Wide Multifunctional Device Rental Program

To: Copier Administrator

From: _____ Date: _____

Agency: _____ Department: _____

Contact: _____ Telephone No.: _____

List Current Copier Model and Serial No. Below:

| Models | Models | Models | Models | Justification (<u>Required</u>): |
|---------------------------------------|---------------------------------------|--------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> IRADV 525IF | <input type="checkbox"/> IRADV C5540I | <input type="checkbox"/> IRADV 4545I | <input type="checkbox"/> IRADV 8585I | _____ |
| <input type="checkbox"/> IRADV C356IF | <input type="checkbox"/> IRADV C7565I | <input type="checkbox"/> IRADV 6565I | | _____ |
| Serial No. | Serial No. | Serial No. | Serial No. | _____ |
| | | | | |

Address: _____ Floor: _____ Room #: _____

Please charge as follows:

| Agency | Fund | Unit | Activity | Function | Program |
|--------|------|------|----------|----------|---------|
| | | | | | |

Authorized Signature _____

FOR GSA-PROCUREMENT OFFICIAL USE ONLY

This form will act as Addendum # _____ to County of Ventura Contract #7895 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.
 - b. Pricing and Configuration per Contract 7895.
2. Except as stated in this Addendum, County of Ventura Contract #7895 shall remain fully intact.



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

THE COUNTY OF VENTURA:

CANON SOLUTIONS AMERICA, INC.

Printed Name of Authorized Representative

Printed Name of Authorized Representative

Senior Buyer

Title of Authorized Representative

Title of Authorized Representative

Signature of Authorized Representative

Signature of Authorized Representative

Date

Date