

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

To: **Copier Program Administrator**

From: _____

Date: _____

Agency: _____ Department: _____

Contact: _____ Telephone No. _____

Present Copier Model No. _____ Serial No. _____

Is current/replacement copier networked? ____ Will new copier be networked? ____

To receive a color copier the department must give up their laser printers.

What Laser printers are you giving up? _____

Give monthly estimate of copy volume during a typical month. _____

Give the proposed location of requested copier (complete address including building, room). _____

Briefly summarize the overall purpose, goal, or benefit to be achieved in accepting this request. Fully explain anticipated gains in personnel time and justify the selection of the requested color copier over current copier _____

Please charge the copies 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 **added** 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

Title of Authorized Representative

Title of Authorized Representative

Signature of Authorized Representative

Signature of Authorized Representative

Date

Date

