



# REQUISITION

## Not a Contract or Authorization to Purchase

University of Central Oklahoma  
100 N University Dr  
Edmond Oklahoma 73034-5209  
(405) 974-2000

**NEW PRINTER - EXAMPLE ONLY**  
Please refer to Savin Price List for costs  
relating to your machine.

REQUISITION: **R1100700**  
PHONE: 405 974-5051  
DATE: 07/20/10

REQUESTOR'S NAME: Britni Brannon  
ORGANIZATION: Purchasing, Payment Svcs & Travel  
VENDOR ID: **STASYS**--Standley Systems

VENDOR'S ADDRESS: PO Box 460  
Chickasha, OK 73023-0460

PHONE: (405) 224-0819 Ext:  
FAX: (405) 224-3010 Ext:

VENDOR CONTACT:

COMMENTS: **EXAMPLE ONLY**

### UCO ACCOUNTING INFORMATION:

FUND	ORGN	ACCT	PROG
100000	010183	73214	62000

**Model #**      **Exact Location of Machine**

ITEM	COMMODITY DESCRIPTION	QUANTITY U/M	UNIT PRICE	EXTENDED
1	R98103 Lease - Savin MLP 37N2 - ADM 109J Total Monthly Cost Includes: Base Cost: \$18.72 Duplexing: \$2.33 Extra Paper Tray: \$4.40 Envelope Feed: \$1.37 Memory: \$3.07 Fax Option: No Option Printer Location: Administration Building Room 109J Common Area VENDOR: STASYS Standley Systems	11.00 MON	29.8900	328.79
2	R98103 Cost per Copy - \$.0175 B&W; \$.099 Color This charge includes all service, delivery, training, set up and toner. Install: August 2010	175.00 DLR	1.0000	175.00

Use the SAVINOPT clause in item text and fill in the required information for the options you have elected to include on your machine. (See Savin Price List)  
For the printer location, include the building and exact room number. If room number is not available, please provide details as to the location (ex. reception area, common area, break room, etc.).

Total Monthly Cost Includes:  
Base Cost: \$18.72  
Duplexing: \$2.33  
Extra Paper Tray: \$4.40  
Envelope Feed: \$1.37  
Memory: \$3.07  
Fax Option: No Option  
Printer Location:  
Administration Building Room 109J  
Common Area  
VENDOR: STASYS Standley Systems

This charge includes all service, delivery, training, set up and toner.  
Install: August 2010

**Continued on next page**

The copy charges should reflect as shown above. The dollar amount should be in the quantity, and the quantity should be listed as '1'. Estimate the copy charges based on your departmental use. Amount shown is an example only.

If Requisition is less than \$1,500, please explain the reason for not using your Procard. Appropriate circle should be filled in.

Procard Restricted Purchase    Vendor does not accept Credit Cards    Vendor Contract Requires Purchase Order    Other \_\_\_\_\_

NOTE: A purchase order will not be processed without completing the information requested above.

REQUESTED BY: \_\_\_\_\_

ACCT. SPONSOR: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_



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COMMENTS: EXAMPLE ONLY

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FAX: (405) 224-3010 Ext:

### UCO ACCOUNTING INFORMATION:

FUND	ORGN	ACCT	PROG
100000	010183	73214	62000

ITEM	COMMODITY DESCRIPTION	QUANTITY U/M	UNIT PRICE	EXTENDED
	<p>Encumbrance Period: August 2010 - June 30, 2011</p> <p>Department Name: Purchasing, Payment Svcs &amp; Travel Requestor Name: Britni Brannon Requestor Phone #: 974-5051 VENDOR: STASYS Standley Systems</p> <p>↓</p> <p>Use the STANDLEY clause in item text and fill in the required information. **Encumbrance period shown is an example only. Your requisition should reflect the correct months you are encumbering for the fiscal year in which you are issuing the requisition.**</p> <p>If you have more than one machine being leased from the same org, only one commodity line for copy charges is required. If you have multiple orgs paying for different machines, commodity accounting is recommended.</p>			
			DISCOUNT: .00 ADDL CHARGES: .00 TOTAL TAXES: .00	

**TOTAL : 503.79**

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NOTE: A purchase order will not be processed without completing the information requested above.

REQUESTED BY: \_\_\_\_\_

ACCT. SPONSOR: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Printer Model	Dimensions (WxLxH)	Base Monthly Cost	Add Duplexing Monthly	Add Extra Paper Tray Monthly	Add Envelope Feed Monthly	Add Memory Monthly	Add Fax Option Monthly	Cost Per Copy/Print Black and White	Cost Per Copy/Print Color
Savin sp3410DN	14"x16"x10	\$6.50	Included	\$2.74	No option	\$3.41	No option	\$0.033	
Savin MLP 37N2 Black/White	15"x18"x14"	\$18.72	\$2.33	\$4.40	\$1.37	\$3.07	No option	\$0.0175	
Savin CLP 131 Color	18"x23"x19"	\$27.28	Included	\$6.12	Included	\$3.31	No option	\$0.0175	\$0.099
Savin 917 Black and White	20"x18"x20"	\$27.22	Included	\$3.09	Included	Included	Included	\$0.0059	
Savin C9020 Color	23"x25"x44"	\$65.42	Included	\$6.01	Included	Included	\$9.01	\$0.0059	\$0.059

\*Prices effective June 22, 2010

\*C9020 comes with copy, print and scan also 2 paper trays and bypass

\*917 comes with copy, print, scan and fax

\*Envelope Feed **REQUIRES** addition of extra paper tray for MLP37N2

Savin sp3410DN does not allow customer to print envelopes

**Commodity Line 1**

**Commodity Line 1 - Item Text  
SAVINOPT Clause**

**Commodity Line 2**

