

# Copier/Scanning Code Request Form

Submit completed form to Maria Martinez (642-8022) in Rm 208 or via email at alta.martinez@berkeley.edu ; back-up Deborah Martinez (642-2555) in Rm 208. **Note:** Allow at least 3 working days for all request to be completed. If you are requesting a scanner code, please provide your **complete** contact information.

|                             |              |                            |
|-----------------------------|--------------|----------------------------|
| <b>Requester:</b>           | <b>Dept:</b> | <b>Date:</b>               |
| <b>Email:</b>               |              | <b>Rm #:</b>               |
| <b>Authorized Approval:</b> |              | <b>Signature Approval:</b> |

**Complete all sections below for desired services needed.**

**A. Copier Code Set-up** (Check all that apply): **Ricoh – B/W**      **Ricoh- Color**      **Both**

Funding Source Name : \_\_\_\_\_ Termination Date: \_\_\_\_\_

\*If Charging a grant, indicate line item on grant: \_\_\_\_\_

| Account | Fund | Department | Program | Chartfield 1 | Chartfield 2 |
|---------|------|------------|---------|--------------|--------------|
| 56330   |      |            |         |              |              |
| 56330   |      |            |         |              |              |

**B. Delete a Copier Code(s) – (Use additional sheets if more room is needed)**

|                   | Copier Code 1 | Copier Code 2 | Copier Code 3 | Copier Code 4 | Copier Code 5 |
|-------------------|---------------|---------------|---------------|---------------|---------------|
| Ricoh Black/White |               |               |               |               |               |
| Color Xerox       |               |               |               |               |               |

**C. Update Recharge Funding Source – (Use additional sheets if more room is needed)**

Copier Code #1 \_\_\_\_\_ Copier Code #2 \_\_\_\_\_

|                       | Fund | Department | Program | Chartfield 1 | Chartfield 2 |
|-----------------------|------|------------|---------|--------------|--------------|
| <b>Current COA #1</b> |      |            |         |              |              |
| <b>New COA</b>        |      |            |         |              |              |

|                        |  |  |  |  |  |
|------------------------|--|--|--|--|--|
| <b>Current Code #2</b> |  |  |  |  |  |
| <b>New COA</b>         |  |  |  |  |  |

**D. Scanner Code Set-up –**

**Rm 250 – B-Level Color Copier**

**Rm 121 C – Level B/W Copier**

**Internal Use Only:**

Date Form Received: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Request Completed By: \_\_\_\_\_

Notes: \_\_\_\_\_