Xerox Copy Machine
Materials Order Form

Date Ordered: _____

Department to be charged: _____

Budget Number: ____ ____ ____ ____ ____
Index Fund Org. Acct. Program

Deliver to: _____
Building and Room No.

Paper:

_____ cartons 8 1/2 x 11 stock

_____ cartons/reams misc. stock

(Please specify _____)

Copy Machine Toner:

_____ DC 420/230/22/ toner

_____ DC 440/432/425/340/332 toner

Fax Machine:

_____ WC Pro **635** Fax Toner

_____ WC Pro **635** Drum

_____ WC Pro **665** Fax Toner

_____ WC Pro **665** Drum

Copy Machine Staples

_____ Number of cartridges