CRMP Recommendation Request Form
Printers/Copiers/Fax/Scanning Requests should be sent to **CRMP@state.de.us**

Thank you for your request for a new device. In order to properly assist you, please fill in **_all_** the information below and email it back to us. We will review your data and make a recommendation to fulfill your needs, right-size your unit and save fiscal dollars.

Your form needs to be 100% complete to ensure we can make a proper recommendation.

Copier/Multi-Function Device Information:

1. Do you have a copier/multi-function device unit that needs to be replaced? If so, please list the make/model and serial number of the machine/if this is a new request, please state that:

    Please only list <u>one</u> replacement copier per form so that we may accurately track state-wide placements.

    - Please **list and print** the **physical total meter reading** from the device; *listed on the device counter as Total 1*:

        (if you can print your meter reading, send with this request)

2. Do you have any additional copier/multi-function device units in the same Department/Location (support or main units **on the s ame floor**)? If so, please list the make/model and serial number of the machine(s):

    - Please **list and print** the **physical total meter reading** from the device; *listed on the device counter as Total 1*:

        (if you can print your meter reading, send with this request)

Office Printer Device Information:

    This information <u>must</u> be filled out for us to make a formal recommendation as it is one of our efficiency review items

3. Do you have **any** **printer and/or fax machine** units in the same Department/Location (all printers to include desk-top, stand-alone and color)? If so, please list the **make/model** of the machine(s):

    - If you have it, please list your monthly average printing volume for **each** machine:

    - If you have it, please list your monthly average dollars spent on toner/maintenance supplies for these:

What Are Your Needs?

4. Are you requesting a Black and White or a Color unit?
    - If Color is requested, justification is required (black and white is the standard recommendation due to fiscal constraints):

5. **Are there any new moves or changes impacting your operational area that would require you to have specialized print functions (used by the public, special funding in which only one group can use the machine, secure printing, attached to specialized systems like DELJIS or Citrix, etc.)?**

6. **Features Requested:** Click only on the feature(s) you need. More options are available than what is listed below, but these are typical. Contact us for additional feature needs. Duplexing Document Feeder will be recommended automatically per *E.O. 18*.

☐ **Network Print Board** (print from your computer *HIGHLY RECOMMENDED to reduce/eliminate desk-top/stand-alone printers that use costly toner/supplies. Toner and maintenance are inclusive with the lease of the multi-function, so you can save $$ for your agency!*)

☐ **Scan Board** (scan to email/network *HIGHLY RECOMMENDED TO MINIMIZE OUTPUT AND MAKE DOCUMENTS AVAILABLE IN ELECTRONIC FORMAT vs. printing mass copies…save $$ for your agency!*)

☐ **Fax Board** (use in place of stand-alone fax machine *Recommended*)

☐ **Finisher w/stapling capabilities**

☐ **Extra Paper Tray** (comes w/2 trays and holds additional 550 sheets each on stand-alone machines)

☐ **Second Output Destination Tray** (helps documents stay more organized/separate for print/copy/fax functions. Not available on all models and needs justification)

☐ **Envelope Feed Attachment** (not available on all models and can be avoided by using Bypass Tray, need justification)

☐ **Searchable PDF Scanning Board** (allows document scans to be searchable pdf. format)

☐ **Any additional information/services that you need for the new copier?** (*other options are available, but are not standard, therefore are not listed on this form. If you have specific needs, please list them here.*):

Requestor:

Agency:

Address/Location of Machine:

City:

Phone:

Fax:

Email:

Contact Person at location (if not the Requestor):

Please review your form prior to submission to ensure it is accurate and complete. Incomplete forms will cause delays and will require Copier Management to contact you for further data.