



STATE OF DELAWARE CONTRACT: GSS24091-COPIER_PRI

END OF LEASE EQUIPMENT RETURN FORM FOR:

TOSHIBA BUSINESS SOLUTIONS

*Please email this form 30 days prior to the end of the lease term. Forms can be sent to Dan Megahan, at dan.megahan@TBS.TOSHIBA.COM. If you have any questions or concerns please feel free to contact Dan by email, or by phone at 302-377-0735.

Please note, it is possible that the equipment on this contract may be picked up before the agreement has terminated. The State of Delaware remains responsible for any pending payments to the term of the contract regardless of the location of the equipment. No additional payments or charges beyond the contract term will be incurred provided that all invoices are paid on time and in full.

DATE OF REQUEST: _____ **REQUESTOR NAME:** _____

CONTACT INFORMATION

NAME: _____ **TITLE:** _____

EMAIL: _____ **PHONE NUMBER:** _____

AUTHORIZED SIGNATURE

EQUIPMENT LOCATION ADDRESS: _____

BUILDING NAME, SUITE #: _____

CITY, STATE & ZIP: _____

SPECIAL INSTRUCTIONS: _____

EQUIPMENT INFORMATION

COPIER MODEL & SERIAL: _____

TOSHIBA EQUIPMENT ID (EA#): _____

METER READING: _____

LEASE END DATE: _____

RETURN DATE REQUESTED: _____

Hard drive wipe will be done by Toshiba upon pickup, with certificate provided