

# UITS Scanning Services Request Form

## BILLING INFORMATION

**(TO BE COMPLETED BY THE CUSTOMER)**

Requestor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Department Name: \_\_\_\_\_ Unit: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 FRS Account Number to be Charged: \_\_\_\_\_

NetID (NID): \_\_\_\_\_ Diskette: \_\_\_\_\_  
 Yes:  No:  Need to Purchase:   
 Statistical Report: \_\_\_\_\_  
 Users: ? Yes:  No:

Number of Forms to be Scanned: \_\_\_\_\_

Survey Type:                      Survey 1                       Survey 2

\_\_\_\_\_

**Authorized Signature**

## Scheduling Information

**(To be completed by UITS)**

Date Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 Number of Forms Scanned: \_\_\_\_\_

<b>Formula for Billing</b>					
# _____	Sheets	X	\$0.016	=	_____
	Set up Charge	+	\$2.65	=	\$2.65
	Diskette	+	\$1.50	=	_____
	Statistical Report	+	\$10.00	=	_____
	<b>TOTAL:</b>				_____ \$
	Payment Received:				_____ \$
	Payment Method:				_____

*Please submit a **TV, TI, or Official Receipt** along with a copy of this form to the UITS's Business Office*

### UITS Business Office Information

Business Office Approval:
Amount of Bill:
Type of Bill:
Date Billed:
Payment Received: