

DAPS COPIER ACTION FORM SUPPLEMENTAL SHEET (3-03)

This form may need to be attached as a supplement when the vendor's order form is used instead of the official REQUISITION FOR DAPS BPA COPER ACTION form PH-DAPS 5213/1.

Organization Name: _____ Acct #: _____

Copier Location: _____

Copier Selected: _____

We have evaluated at least two different manufacturers' alternatives and have determined that the copier selected above provides best value for our organization. The two other options considered were:

1. _____
2. _____

Reason why copier above was selected: _____

As Approving Official for my Activity, I understand that my copier agreement with DAPS is either for 36, 48, 60 months (or other term specified), and early cancellation may result in cancellation charges, which I am responsible for. I also agree to have funding for this copier account in place by October 1 – or earlier – of each fiscal year.

Activity Approving Official's Signature, Phone

Date