**Printer and Scanner Request Form**

This form is used to request the purchase of printer(s) / scanner(s). The form must be completed (Block Capitals) by the requesting user and budget holder and uploaded onto Ivanti. Please do not request Laptops/Desktops/Docking Stations/Monitors using this form, instead email ToDevicerequests@hse.ie.

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| **Requestor Details** |
| **First Name:** |       | **Last Name:** |       | **Personnel No:** |       |
| **Grade / Job Title:** |       | **E-Mail Address:** |       | **Phone Number:** |       |
| **Department:** |       | **Full Address (Incl. Eircode)** |       |
| **Logon User Name:** |       |
| **Alternative Contact** |
| Name: |       | **Phone Number:** |       | **E-Mail Address:** |       |
| **Reason / Business Purpose** |
|       |
| **Equipment Required** |
| **Asset Tag of Computer Requiring IT Equipment:** |       | **Network Point Number:** |       |
| **Mono Printer:** | **Qty:** |       | [ ]  **Standard Model** | [ ]  **High Volume Model** |
| **Colour Printer** | **Qty:** |       | [ ]  **Standard Model** | [ ]  **High Volume Model** |
| **Scanner:** | **Qty:** |       | [ ]  **Low Volume** | [ ]  **Medium Volume** | [ ]  **High Volume** |
| **Printer / Scanner Combo:** | **Qty:** |       | [ ]  **Low Volume** | [ ]  **Medium Volume** | [ ]  **High Volume** |
| **Small Mono Multi-Function Printer** | **Qty:** |       | **Number of users:** |       | **If more than 10 users, include Purchase Order # for Midland Computers:** |       |
| **Small Colour Multi-Function Printer** | **Qty:** |       | **Number of users:** |       | **If more than 10 users, include Purchase Order # for Midland Computers:** |       |
| **Large Mono Multi-Function Printer** | **Qty:** |       | **Number of users:** |       | **If more than 10 users, include Purchase Order # for Midland Computers:** |       |
| **Large Colour Multi-Function Printer** | **Qty:** |       | **Number of users:** |       | **If more than 10 users, include Purchase Order # for Midland Computers:** |       |
| **Approval and Cost Code** |
| **Department Cost Code:** |       |
| **Budget Holder Name:** |       | **Budget Holder Signature:** |  |
| **Date:** |       |
| **GM or Assistant National Director Name:** |       | **GM / AND Signature:** |  |

**Incomplete forms will be returned to sender**