



Submit by Email

Print Form

### Lucas County Information Services Checklist for Hardware/Software/Services

Department:

Requestor:

Funding Account & Description:

Req. Date:

Vendor:

Type of Request (check all that apply):

Hdw     SW     Services/New

Purchase     Lease     Subscription

Services/Support Renewal Original Purchase Date

State Term Contract ID

Description or Nature of Request and for whom this is intended:

Hdw/SW/Service Item Descr	Quote #	Wrnty Term	Qty	Unit Cost	Support Cost	Total Cost
Ricoh MP2554SP			1	\$ 2,799.00		\$ 2,799.00
			0	\$ 0.00	\$ 0.00	\$ 0.00
			0	\$ 0.00	\$ 0.00	\$ 0.00
			0	\$ 0.00	\$ 0.00	\$ 0.00
			0	\$ 0.00	\$ 0.00	\$ 0.00
			0	\$ 0.00	\$ 0.00	\$ 0.00

Total Request

Business Reason or Justification:

Purchase of new copier/fax for Centralized Drug Testing at Work Release for drug testing staff.

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Planned Location:

Other

If Other please specify:

Copier

Network Connection Required?

Yes  No  N/A

LCIS installation assistance needed?

Yes  No

Date:

LCIS on-going support required?

Yes  No  N/A

ITB or RFP completed?

Yes  No  N/A

LCIS Management review completed?

Yes  No

Exclusion

DP Board Approved?

Yes  No

Less than \$7,500

Exclusion

Date of Approval:

3/24/2016

Comments:

Prepared by Karen Schnitkey

148 3/23/16

Reviewed by Jeremy Burnat

JB 3/23/16

Approved by Jason Gears

JG 3/24/2016



**SALES ORDER**

Reference Service Contract?

Customer Type:  Existing Order Type:  Purchase

Contract # \_\_\_\_\_

**SHIP TO:** Customer No.: 3381013000  
 Customer: Lucas County Centralized Drug Testing  
 Department/Division:  
 PO Box:  
 Street: 1302 Washington St  
 City: Toledo State: OH ZIP: 43604  
 Phone: (419) 213-6007 Fax:  
 Contact: Dawn Smith  
 Email: dwsmlth@co.lucas.oh.us

**INVOICE TO:** Customer No.: 3381013000  
 Customer: Lucas County Centralized Drug Testing  
 Department/Division:  
 PO Box:  
 Street: 1302 Washington St  
 City: Toledo State: OH ZIP: 43604  
 Phone: (419) 213-6007 Fax:  
 Contact: Dawn Smith  
 Email: dwsmlth@co.lucas.oh.us

**EQUIPMENT**

MAKE/MODEL/ACCESSORIES

Ricoh MP2554SP w/ Cabinet & Fax

PRICE  
\$2,799.00

Please install dehumidifier on mfp (from Service Dept) before Delivery

This is replacing Lanier LD122P (U3048). Service on this MFP needs to be cancelled.

Installation Included  
 Sub Total \$2,799.00  
 Sales Tax  
 Total

**SALES INFORMATION**

Account No.: 3381013000 Purchase off copy service

Sold Date: \_\_\_\_\_ P.O. No. \_\_\_\_\_ Fed Tax ID #: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Contract Term: \_\_\_\_\_ Taxable?  YES  NO  
 Lease Company: Purchase Estimated Volume

**PLACEMENT TYPE** New:  Placement  Replacement C/S:  New  Addition  Upgrade  Renewal

**RETURNED EQUIPMENT**

MAKE/MODEL/ACCESSORIES	SERIAL NO. or ID	MAKE/MODEL/ACCESSORIES	SERIAL NO. or ID	MAKE/MODEL/ACCESSORIES	SERIAL NO. or ID
U3048					

Returned Equipment is:

DEMO, Leased, Leased Equipment, MT Business Technologies, Inc. (MTBT) is and will remain the owner of the equipment. The customer agrees to return the equipment to MTBT upon demand. While in the possession of the customer, the customer assumes all liability for the theft, loss, or damage to the equipment, and agrees to reimburse MTBT for any loss or damage incurred during the loan period, normal wear and tear is expected. Purchased goods remain the personal property of MTBT until final payment is made. MTBT retains a vendor's lien and has reserved interest in the purchased goods until all terms and conditions hereunder are satisfied.

Customer Approval:

Sales Rep:

Print Name: Dawn Smith

Print Name: Shawn Brown

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Number: 33195 Date: \_\_\_\_\_