

Digital Copier Rental Form

Date: _____
Agency: _____
Contact Name: _____
Contact Phone Number: _____
Number of Copies Per Month: _____
Number of Employees Using Copier: _____
Is this a replacement for an existing rental copier? _____
Existing rental copier agreement number: _____
Address equipment will be kept/maintained at: _____



Office of Procurement Management
523 E. Capitol Avenue
Pierre, SD
57501-3128
Phone: 605-773-3405
Fax: 605-773-4840
<http://boa.sd.gov/divisions/procurement/>

Address rental invoices and maintenance billing will be sent to: _____

Contact person if different from above: _____
Contact Phone Number: _____

Digital copier machine requested: (If on contract, list pricing of copier and options needed. If not on contract, list machine needed with specifications.)

Special requirements:

Approval Signature

Approval Signature
