



Vendor and Department CopySmart Order Form

DEPARTMENT USE			VENDOR USE	
Department Name:			Quote Date:	
Ordered By:			Quote #:	
Dept. Contact:		Phone Number:	Quote By:	
Department IT Review:	Signature:	Date:	Vendor ID #:	
Other Approval:	Signature:	Date:	Vendor Signature:	
Did you obtain two assessments? <input type="checkbox"/> Yes (provide assessments) <input type="checkbox"/> No (provide justification)			Vendor Telephone Number:	
DELIVERY/BILLING INFORMATION				
VENDOR INFORMATION:		DELIVER TO:	BILL TO ADDRESS:	
VENDOR REMITTANCE ADDRESS:		SPECIAL INSTRUCTIONS / REQUIREMENTS (If necessary):		

One MFD + options per form.

Model #	Monthly Lease Amount	Term	Description	Total Lease Amt
	\$ 100.00	48		\$ 4,800.00

Option Part #	Option Amount	Term	Description	Total Option Amt
1	\$ 2.00	48		\$ 96.00
2	\$ -			\$ -
3	\$ -			\$ -
4	\$ -			\$ -
5	\$ -			\$ -
6	\$ -			\$ -
7	\$ -			\$ -
8	\$ -			\$ -
9	\$ -			\$ -

If needed, use an additional copy of this order form to list additional options.*

Click Charges			Click Charge	Per Month	Term		Est Total Lease Amt
Black / White Estimated Monthly Volume	1,000	\$ 0.009	\$ 9.00	48		\$ 432.00	
Color Estimated Monthly Volume	300	\$ 0.09	\$ 27.00	48		\$ 1,296.00	
Total of this page:						\$ 6,624.00	

* Subtotal of Additional Options	Total of this page	Subtotal	Sales Tax (8.75%)		GRAND TOTAL OF ORDER:	\$7,203.60
\$ -	\$ 6,624.00	\$ 6,624.00	\$579.60			