

Section 1: Agency Information

Name	Location of Printing Operation
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Director

Head of Printing Operations	E-Mail Address
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Section 2: Equipment Information

Purchase Type:	<input type="checkbox"/> New Equipment	<input type="checkbox"/> Replacement Equipment	
Equipment Condition:	<input type="checkbox"/> New	<input type="checkbox"/> Used	<input type="checkbox"/> Remanufactured
Equipment Description:			

Equipment Manufacturer (if known):

Equipment Model (if known):

Equipment Capacity Requirements

Projected Operating Speed – Include Units	Number of Shifts	Projected Personnel Per Shift
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Projected Annual Number of Impressions	Additional Hardware Required	Additional Software Required
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Section 3: Printing Requirements

Description of Print Work To Be Performed

Finishing Services Required:

Finishing Services Source:

<input type="checkbox"/> Inline	<input type="checkbox"/> Inhouse (on equipment other than printing equipment)	<input type="checkbox"/> Outsourced
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Desired Installation Date (MM/YYYY)

Section 4: Recovery of Investment Summary

Attach a complete and accurate Recovery of Investment Template (RIT) with supporting documentation.

Estimated Purchase Price	Estimated Annual Service Contract/Maintenance Cost
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Total Annual Cost Avoidance/Revenue (per year, over five years)

Year 1	Year 2	Year 3	Year 4	Year 5
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Total Annual Expenditures (per year, over five years)

Year 1	Year 2	Year 3	Year 4	Year 5
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Total Annual Surplus/Deficit (per year, over five years)

Year 1	Year 2	Year 3	Year 4	Year 5
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Total Five Year Estimated Surplus/Deficit:**Section 5: Certification**

I, the undersigned, hereby certify that I have reviewed the information contained within this acquisition request and the attached recovery of investment template and certify that this information is true and correct. I further certify that if approved, this equipment will be used in compliance with SAM Section 2875, which governs the operation of state agency in-plant operations, and all other applicable state regulations.

Deputy Administrative Director Full Name	Agency
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Deputy Administrative Director Signature	Date
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OSP Use Only

Request is: Approved Modified

Explanation:

Approval Signatures

Statewide In-Plant Operations Manager Full Name	Signature	Date
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Budgets Manager Full Name (only for OSP submissions)	Signature	Date
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State Printer Full Name	Signature	Date
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