

# Printing Equipment Acquisition Request

DGS OSP 0548 (New 03/2019)

## Agency Information

NAME	LOCATION OF PRINTING OPERATION
DIRECTOR	
HEAD OF PRINTING OPERATIONS	

## 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	NUMBER OF SHIFTS	PROJECTED NUMBER OF PERSONNEL PER SHIFT
PROJECTED ANNUAL NUMBER OF IMPRESSIONS	ADDITIONAL HARDWARE REQUIRED	ADDITIONAL SOFTWARE REQUIRED

## 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	ESTIMATED ANNUAL FINISHING SERVICES COST

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## 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	
TOTAL ANNUAL COST AVOIDANCE/REVENUE (per year, over five years)	TOTAL ANNUAL EXPENDITURES (per year, over five years)	TOTAL ANNUAL SURPLUS/DEFICIT (per year, over five years)	
Year 1: _____ Year 4: _____	Year 1: _____ Year 4: _____	Year 1: _____ Year 4: _____	
Year 2: _____ Year 5: _____	Year 2: _____ Year 5: _____	Year 2: _____ Year 5: _____	
Year 3: _____	Year 3: _____	Year 3: _____	
<b>TOTAL FIVE-YEAR ESTIMATED SURPLUS/DEFICIT</b>			

## 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	
SIGNATURE			DATE

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## OSP Use Only

EXPLANATION:

**Request is:**  Approved  
 Modified

### Approval Signatures

**Statewide In-Plant Operations Manager:**

FULL NAME	SIGNATURE	DATE

**State Printer:**

FULL NAME	SIGNATURE	DATE

**Deputy Director, Interagency Support Division:**

FULL NAME	SIGNATURE	DATE