

**SBA Treasury  
Photocopier Increase Request Form**



**Requestor Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Date of Request: \_\_\_/\_\_\_/\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Number of Impressions:**

Please note that you must exhaust your existing quota for either B&W or Color before that particular type will be increased.

**Type:**    **Num.**                    **Amount**

B&W: \_\_\_\_\_ x 0.03 = \_\_\_\_\_

Color: \_\_\_\_\_ x 0.10 = \_\_\_\_\_

**Total:**            \_\_\_\_\_ (Which will be charged to your SBA budget)

**Signatory Information:**

Signatory (Please Print): \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_