REPROGRAPHICS/PRINT SHOP
Campus Copier Program
Pin # Add/Change Request Form

CSU Bakersfield

Department Name: _____

Dept. Head:_____ Signature of Dept. Head:_____

Requested by:_____ Email:_____ Ext. #: _____

Copier location(s) most commonly used by department:

_____

_____

FUND	DEPT. ID	ACCOUNT	PROGRAM	PROJECT	CLASS

☐ New PIN #:_____   ☐ Change or modify PIN #: _____   ☐ Delete an existing PIN #: _____

Assigned to: _____ Email: _____ Ext. #: _____

Comments:

CSU Bakersfield
REPROGRAPHICS USE ONLY

New Pin # _____

Location:_____

Location# _____

Location:_____

Location# _____

Location:_____

Location# _____

LOGISTICS SERVICE TECHNICIAN

Effective Date:_____

_____
Logistics Service Technician Signature

Notes_____

_____

_____