# REPROGRAPHICS/PRINT SHOP
# RUNNER MFD PROGRAM
## Pin # Add/Change Request Form

**CALIFORNIA STATE UNIVERSITY**
**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**

**LOGISTICS SERVICE TECHNICIAN**

New Pin # _____

Effective Date:_____

Location:_____

_____

Location# _____

*Logistics Service Technician Signature*

Location:_____

Location# _____

Notes_____

_____

Location:_____

_____

Location# _____

_____