



Office of Information Technology
 8 Clarkson Avenue
 Box 5585
 Potsdam, NY 13699
 Fax: (315)268-6570

Printer Accounting & Quota Increase Form

Date: _____

Name: _____

Clarkson ID#: _____

Username: _____

Local Phone: _____

Service Requested:

- Printer Accounting (\$0.08/page increments)**

Payment Type	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Clarkson Acct. No.
		Check No.	Acct. No.
Total Charge			
Department:			
Approval Signature:			

*Please note: Black & White Pages – 8 cents per page
 Color Pages – 75 cents per page

Printer accounting funds DO NOT carry over from semester to semester.

- Quota Increase (per 100 MB, prices prorated by fiscal year: July-June)**

Type of Increase	<input type="checkbox"/> AFS	<input type="checkbox"/> Medusa	<input type="checkbox"/> Lotus (Email)
Amount of Increase			
Payment Type	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Clarkson Acct. No.
		Check No.	Acct. No.
Total Charge			
Department:			
Approval Signature:			