NEW PLACEMENT CODE: ________________________ CONTRACTOR: __________________
(To be entered by DAS only)

MEMORANDUM OF UNDERSTANDING

If replacing an existing CPC machine, please enter Placement Code here. ________________________
It is located on your MOU (example of placement code; DAS001-NA-3).
Existing CPC device expires on: _______/______/______
When would you like your new device delivered? __________________________
(Please see delivery requirements on the bottom of the page.)

This Memorandum of Understanding (MOU) is entered into this ______ day of ___________________, 20_____,
between the ordering state agency or cooperative purchasing member and the Ohio Department of
Administrative Services (DAS). The purpose of this MOU is to detail out the process for DAS and any other state
agency or co-op member procuring print device cost-per-copy services from DAS contract number RS902418.

3 year term with no extensions: or 5 year term with no extensions:

OAKS Department Code (co-op membership number): ________________________________________________

Billing Address: ________________________________________________________________________________

Delivery Address #1 (street): ______________________________________________________________________

Delivery Address #2 _________________________ City & Zip: ___________________________________________
(Section and/or Floor)

Category: _____ Monthly Minimum (b/w): _______ Networked: Yes No : Machine Brand: ________________
Monthly Minimum (color): _______ Accessories: Yes No : Machine Model: _______________

Base CPC B/W Cost: $__________________ Base CPC Color Cost: $__________________

Accessory name: __________________________________________ CPC cost: _________________

Accessory name: __________________________________________ CPC cost: _________________

Accessory name: __________________________________________ CPC cost: _________________

Total B/W CPC: $_____________________ Total Color CPC: $_____________________

State Agency (co-op member): ______________________________________________________________________

State Agency Contact (co-op member contact): _______________________________________________________

Phone Number: ____________________________ Email Address: __________________________________________

Meter Read Contact: ____________________________________________

Phone Number: ____________________________ Email Address: __________________________________________

Authorized Fiscal Signature: __________________________________________ Date: _______________

Authorized State Printing Signature: __________________________________________ Date: _______________

Delivery Requirements:
Categories 1-5 – ten (10) working days ARO Categories 6-10 – fifteen (15) working days ARO Categories 11-14 – twenty (20) working days ARO
Categories 15-32 – ten (10) working days ARO

ACCESSORIES MUST BE REQUESTED ON THE ORIGINAL ORDER OR AN INSTALLATION FEE WILL BE CHARGED (See contract for
Individual costs)

ORDER SUPPLIES WELL IN ADVANCE
MOU-0001 Revised 12/29/17