



1005 W Fayette St, Syracuse NY 13204

EQUIPMENT SCHEDULE

(IMAGING/MAILING)

AGREEMENT NO.: _____

DESCRIPTION OF EQUIPMENT									
MAKE, MODEL, SERIAL NUMBER AND/OR EQUIPMENT ID	TAKEOVER	CONTACT INFORMATION		BEGINNING METER READING		MONTHLY IMAGE ALLOWANCE (IF NOT CONSOLIDATED)		EXCESS PER IMAGE CHARGE (PLUS TAX)	
		CONTACT NAME	CONTACT EMAIL	B&W	COLOR	B&W	COLOR	B&W	COLOR
(3) Canon IR 1643iF	<input type="checkbox"/>							\$0.00490	
(3) Canon imagePRESS C810	<input type="checkbox"/>							\$0.00490	\$0.04500
	<input type="checkbox"/>								
Canon C3525i Tag D26449	<input checked="" type="checkbox"/>							\$0.00490	\$0.04500
Canon C3525i Tag D26451	<input checked="" type="checkbox"/>							\$0.00490	\$0.04500
Canon C3525i Tag D26454	<input checked="" type="checkbox"/>							\$0.00490	\$0.04500
Canon C3525i Tag D26456	<input checked="" type="checkbox"/>							\$0.00490	\$0.04500
Canon 6575i Tag D26471	<input checked="" type="checkbox"/>							\$0.00490	
Canon C5550i Tag D27521	<input checked="" type="checkbox"/>							\$0.00490	\$0.04500
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TOTAL CONSOLIDATED MONTHLY IMAGE ALLOWANCE AND EXCESS PER IMAGE CHARGES (IF CONSOLIDATED)									

VERIFICATION

The undersigned hereby verifies that the information on this Schedule is complete and correct. The undersigned also acknowledges having received a copy of this Schedule.

Warren County School District

X

CLIENT

SIGNATURE

PRINT NAME & TITLE

DATE