



UPRINT

UPrint Equipment Request/Statement of Work
Statement of Work Number \_\_\_\_\_

This STATEMENT OF WORK ("SOW"), effective as of \_\_\_\_\_, by and between Connecticut Business Systems (CBS), (Contractor) and the University of Connecticut (Customer) at the address provided herein below, is made pursuant to Master Purchasing Agreement \_\_\_\_\_ dated \_\_\_\_\_.

1.0 Customer/Contact Information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_
Department: \_\_\_\_\_ Email: \_\_\_\_\_
IT Support: \_\_\_\_\_ Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

2.0 Program Scope and Acceptance:

CBS agrees to provide the following equipment and/or services as identified below to Customer/ Department: \_\_\_\_\_ with principal place of business located at \_\_\_\_\_



3.0 Deliverables [Equipment/Services Requested]:

For each machine identified below, Customer agrees to be billed monthly based on: the Fixed Device Cost (FDC) as identified + CPC for actual # of Mono Prints + CPC for actual # of Color Prints. Said fees will be charged directly to the account (s) identified by Customer (if applicable).

Placed Equipment:

Make of #1: \_\_\_\_\_ Model: \_\_\_\_\_
Serial Number: \_\_\_\_\_ CBS ID Number: \_\_\_\_\_
UConn Asset Tag (if applicable): \_\_\_\_\_ MAC Address: \_\_\_\_\_
Network Drop Required? \_\_\_\_\_ Dedicated Phone Line Required? \_\_\_\_\_
Electrical Upgrade Required? \_\_\_\_\_ IP Address: \_\_\_\_\_
Device Location:/Building: \_\_\_\_\_ Room Number: \_\_\_\_\_
Device Location Description: \_\_\_\_\_
KFS Account Number: \_\_\_\_\_ Monthly Rate: \_\_\_\_\_

Make of #2: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_ CBS ID Number: \_\_\_\_\_

UConn Asset Tag (if applicable): \_\_\_\_\_ MAC Address: \_\_\_\_\_

Network Drop Required? \_\_\_\_\_ Dedicated Phone Line Required? \_\_\_\_\_

Electrical Upgrade Required? \_\_\_\_\_ IP Address: \_\_\_\_\_

Device Location:/Building: \_\_\_\_\_ Room Number: \_\_\_\_\_

Device Location Description: \_\_\_\_\_

KFS Account Number: \_\_\_\_\_ Monthly Rate: \_\_\_\_\_

Make of #3: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_ CBS ID Number: \_\_\_\_\_

UConn Asset Tag (if applicable): \_\_\_\_\_ MAC Address: \_\_\_\_\_

Network Drop Required? \_\_\_\_\_ Dedicated Phone Line Required? \_\_\_\_\_

Electrical Upgrade Required? \_\_\_\_\_ IP Address: \_\_\_\_\_

Device Location/Building: \_\_\_\_\_ Room Number: \_\_\_\_\_

Device Location Description: \_\_\_\_\_

KFS Account Number: \_\_\_\_\_ Monthly Rate: \_\_\_\_\_

*Purchased Equipment: [If applicable]*

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_ CBS ID Number: \_\_\_\_\_

UConn Asset Tag \_\_\_\_\_ MAC Address: \_\_\_\_\_

Network Drop Required? \_\_\_\_\_ Dedicated Phone Line Required? \_\_\_\_\_

Electrical Upgrade Required? \_\_\_\_\_ IP Address: \_\_\_\_\_

Device Location/Building: \_\_\_\_\_ Room Number: \_\_\_\_\_

KFS Account Number: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

KFS Account Number: \_\_\_\_\_ Monthly Cost Per Copy Rate: \_\_\_\_\_

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Is Printer Maintenance/Service Requested? \_\_\_\_\_ If so, number of devices to be covered \_\_\_\_\_

Please attach spreadsheet with details on each printer to be covered including: Make, Model Number, Serial Number, CBS ID Number, UConn Asset Tag (if applicable), Current Meter Reading, Identify if Local or Networked, IP Address if Networked, and location of each device. Monthly Rate: \_\_\_\_\_

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**5.0 Program Acceptance:**

Customer/Installation Date Required: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CBS/Scheduled Installation Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CBS agrees to provide Customer with full training on all equipment placed and/or purchased through this SOW. Training to be performed by mutual agreement on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Customer/Department hereby acknowledges services/equipment requested above and agrees to pay associated fees as presented.

Customer/Department hereby confirms that their respective IT support representative has been notified of this request and confirms commitment to assist in installation, as required.

UPrint Program Administrator agrees to bill the Customer/Department according to the rates/fees outlined in this SOW and agreed upon by Customer/Department and CBS.

Program Accepted By:

**Customer**

**CBS**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**UPrint, Program Administration**

*Sari Nye*  
\_\_\_\_\_  
Signature

Signature

\_\_\_\_\_  
Date

**6.0 Delivery & Acceptance:**

CBS confirms that all equipment as identified above has been delivered as required.

Customer/Department hereby accepts delivery of said equipment and confirms all are in good working order.

**University of Connecticut/Customer**

**CBS**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title/Department

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**SAMPLE**