



UC San Diego

Policy & Procedure Manual

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PURCHASING

Section: 523-12.2

Effective: 05/06/1986

Supersedes: 09/05/1975

Review Date: TBD

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Issuing Office: [Imprints](#)

PROCUREMENT OF REPROGRAPHIC EQUIPMENT

I. REFERENCES AND RELATED POLICIES

A. Systemwide Business & Finance Bulletin Manual (BFB)

BUS 53 Reprographic Guidelines

B. UCSD Policy and Procedure Manual (PPM)

552-4 Copier/Electronic Printer Services

II. POLICY

Criteria have been established to assist UCSD central administration in assessing the validity of requests for the procurement of reprographic equipment. Reprographic equipment refers to laser printers, ion printers, electrostatic copiers and duplicators of all kinds, printing presses, composing and typesetting equipment, platemaking and photographic equipment, and collating and binding equipment.

No reprographic equipment is to be purchased or leased without prior approval and authorization by the Assistant Vice Chancellor-Business Services. This includes the purchase of such equipment from Groups II and III equipment funds contained in the major capital improvement program for any given year. (Under no conditions may Groups II and III equipment money be used for lease or rental of reprographic equipment.)

III. PROCEDURE

To acquire copier/laser printer equipment, refer to PPM 552-4. To acquire other reprographic equipment, either through purchase, lease, or rental, submit a *Purchase Requisition, Exhibit A*, to the Assistant Vice Chancellor-Business Services with a memorandum attached covering the following criteria:

A. Requirements

1. State purpose or main use of equipment.
2. Specify the technical copying/printing requirements, e.g., the maximum number of copies/prints produced from an original, average number of copies/prints per original, quality of the reproduced copy, continuous copy, color, etc.
3. Estimate the volume of work, e.g., the average number of originals reproduced in a month.

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PPM 523-12.2 Procurement of Reprographic Equipment**

4. Explain why the requestor cannot use existing University reprographics equipment located throughout the campus.
5. Specify whether documents to be processed contain restricted information.
6. Describe suggested machine location and security.

B. Funding

1. Was this a line item identified and approved in your operating budget request?
Yes? _____ No? _____ Budget Year? _____
2. If not 19900 funds, specify the funding source as requested on the Purchase Requisition.

C. Cost Analysis

Using the format outlined on *Exhibit B*, furnish procurement cost (either purchase price, monthly cost or monthly rental rate), maintenance cost, operation cost, and preparation cost. Estimate total monthly cost and average cost per copy.

The Assistant Vice Chancellor-Business Services will review for approval, and if approved, will submit the *Requisition* to the Purchasing Division for processing.



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EXHIBIT A

IT IS UNDERSTOOD THAT THE PERSON APPROVING THIS ORDER HAS THE PROPER AUTHORITY TO DO SO AND THAT FUNDING INDICATED IS AVAILABLE.

<input checked="" type="checkbox"/> POR	<input type="checkbox"/> SUB-ORDER	<input type="checkbox"/> LVPO	SUGGESTED VENDOR		
REQUESTION DATE 2/14/86	REQUESTION NUMBER D 01012	Duplicating Specialists 2136 El Cajon Blvd. San Diego, CA 92104			
DEPARTMENT English	MAIL CODE Q-020	DEPARTMENT PHONE 3234	BUYER Helen Rich Q-020		
DATE NEEDED 3/19/86	COST NOT TO EXCEED 503.00	SEND FOR COPY TO	MAIL CODE 6 406001		
DEPARTMENT AUTHORIZED SIGNATURE Jay Howard	DATE 2/14/86	GRANT CONTRACT NUMBER	ORDER NUMBER 2 6 9 4		
SIGNATURE <i>Jay Howard</i>	PHONE NO. 3234	TAX (Check One) <input type="radio"/> RESALE <input type="radio"/> NON-TAXABLE	BUDGET NO.		
UNIVERSITY OF CALIFORNIA, SAN DIEGO		VENDOR: ORDER NUMBER IS TEN CHARACTERS AND MUST APPEAR ON ALL INVOICES, PACKING SLIPS, PACKAGES, AND RELATED CORRESPONDENCE			
PURCHASE REQUISITION		UNIVERSITY OF CALIFORNIA, SAN DIEGO RECEIVING DEPARTMENT 3175 MIRAMAR ROAD, BLDG. 509 LA JOLLA, CALIFORNIA 92093			
VENDOR NAME AND ADDRESS:		ATTN: REQUESTOR BLDG ROOM PHONE NO			
SHIP TO		OTHER Harry Dover x3234 Bldg 1 A Rm 603			
VENDOR NO	PRICE BY	F.O.B.	ATTN: REQUESTOR BLDG ROOM PHONE NO		
SHIP BY	TERMS	CONFIRMED DATE			
INV. OBJ. CODE	ITEM NO.	QUANTITY/UNITS	DESCRIPTION	UNIT PRICE	TOTAL PRICE
		1 ea	A Single Lever Mimeograph, with independent dampening and inking system, runs 11 x 17 sheet size. Model #10000. Estd cost \$400.00 (see attached justification)		
DELIVERY DATE:				TAX	
				TOTAL	
* DIRECT ALL QUESTIONS RELATING TO THIS ORDER TO THE PURCHASING DEPARTMENT, 0-025 THE UNIVERSITY OF CALIFORNIA, SAN DIEGO LA JOLLA, CALIFORNIA 92093				INQUIRIES TO TELEPHONE () -	
PURCHASING OFFICE INSTRUCTIONS		ACTION CODE		APPROVAL (TYPE/PRINT)	
SPECIAL CLAUSES		ACKNOWLEDGE		AUTHORIZED SIGNATURE	
ATTACHED APPENDICES		EXPENDING CODE			
BILL TO		PLEASE ITEMIZE ALL CHARGES SHOW CALIFORNIA SALES TAX PERMIT NUMBER WHEN BILLING CALIFORNIA TAX MAIL INVOICE IN TRIPPLICATE TO THE UNIVERSITY OF CALIFORNIA, SAN DIEGO ACCOUNTING OFFICE (0-037) LA JOLLA, CALIFORNIA 92093			
RETENTION PERIOD: FEDERAL FUNDS 10 yrs OTHER FUNDS 5 yrs		FO-2135		CENTRAL PURCHASING OFFICE (0-026)	



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EXHIBIT B

COST ANALYSIS FOR REPROGRAPHIC EQUIPMENT

1.	PROCUREMENT COST		
	Purchase Price-Monthly Cost		\$ _____
	(See Footnote A)		
	or		
	Monthly Rental		_____
		SUB-TOTAL	\$ _____
2.	MAINTENANCE COST		
	Monthly Maintenance		_____
	(See Footnote B)		
		SUB-TOTAL	\$ _____
3.	OPERATION COST		
	Paper	_____	
	Toner/Ink	_____	
	Duplicating Fluid	_____	
	Stencil/Master	_____	
	Film	_____	
	Other Supplies	_____	
	Operator (Labor including clean-up)	_____	
		SUB-TOTAL	\$ _____
4.	PREPARATION COST		
	Preparation of Master		_____
		SUB-TOTAL	\$ _____
	ESTIMATED TOTAL MONTHLY COST		\$ _____
	ESTIMATED COST PER COPY		\$ _____
	(See Footnote C)		
	MONTHLY VOLUME	_____	

FOOTNOTES

- A.** If equipment is to be purchased, to get monthly cost divide estimated total cost by 60 (5 year amortization period).
- B.** If equipment is on a lease or rental basis, there probably would not be a monthly maintenance charge.
- C.** To obtain the estimated per copy cost, divide the estimated total monthly cost by the estimated monthly total number of copies.
- D.** Costs must be carried to 3 places.