

Photocopier Fuser Unit Replacement Approval Form

Request Date

Requested By

Department

Contact Number

Photocopier Model

Serial Number

Current Usage (Total Copies/Prints)

Last Fuser Replacement Date

Reason for Replacement

Remarks / Additional Information

Approval

Requested By (Signature/Name)

Date

Department Head Approval (Signature/Name)

Date

Technical/IT Approval (Signature/Name)

Date