

Huella:

Abka

FORMATO DE ORDEN DE PRELISTAMIENTO DE EQUIPOS Version 01

| | | | | | | | | | | | | |
|--|--|-----------------------------------|-------------|-------------------------------------|------------------|--|--------------|---------------------------------------|----------------------------------|---|-------------|--|
| Fecha: | | | Nº CONTRATO | | FECHA DE ENTREGA | | Nº DE PEDIDO | | VENTA | | OUTSOURCING | |
| 4 2 2016 | | | | | 8/2/2016 | | 041-S | | | | X | |
| NOMBRE Y/O RAZON SOCIAL: AGROTRINIDAD | | | | | | | | | NIT ó CC:900401026 | | | |
| DIRECCION Y CIUDAD PARA DESPACHO: CALLE 7 OESTE # 31-25 | | | | | | | | | CONTACTO 1: MARIA XIMENA VIVEROS | | | |
| CONTACTO 2: - PATRICIA RAMIREZ | | | | | | | | | | | | |
| TELEFONO 1: 5244774 | | | FAX: | | | CELULAR CONT 1: | | | CELULAR CONT 2: | | | |
| TELEFONO 2: | | | FAX: | | | E-MAIL: | | | | | | |
| CONDICIONES DE PAGO: | | CONTADO | | CHEQUES | | TARJETA DE CREDITO | | PAGARES | | OTROS | | |
| CAMBIO DE EQUIPO: 2038 MP 171 (ESTE EQUIPO NO SE RETIRA EL MISMO DIA DE LA ENTREGA) | | | | | | | | | | | | |
| MOTIVO DE REPLAZO: IMPRESIONES BORROSAS | | | | | | | | | | | | |
| MODELO DEL EQUIPO: | | SERIE | | REEMPLAZO | | ADICIONAL | | CONTADOR | | NUMERO ASIGNADO | | |
| SP 5210 | | | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | | | | | | |
| PERIFERICOS | | FINISHER <input type="checkbox"/> | | ADF <input type="checkbox"/> | | DUPLEX <input type="checkbox"/> | | CONECTIVIDAD <input type="checkbox"/> | | IMPRESION <input type="checkbox"/> | | |
| CASSETERRAS ADICIONALES <input type="checkbox"/> | | OTROS PERIFERICOS: | | | | IMPRESION/SCANNER <input type="checkbox"/> | | FAX <input type="checkbox"/> | | BANCO DE PAPEL <input type="checkbox"/> | | |
| | | | | | | | | | | DISCO DURO <input type="checkbox"/> | | |
| CONDICIONES | | | | | | | | | | | | |
| OUTSOURCING | | | | | | | | | | | | |
| PLAN MENSUAL: | | | | | | | | | | | | |
| VOLUMEN COPIAS B/N: | | | | | | | | | | | | |
| VALOR COPIA ADICIONAL: | | | | | | | | | | | | |
| VALOR CANON: | | | | | | | | | | | | |
| DURACION DEL CONTRATO: | | | | | | | | | | | | |
| VENTA | | | | | | | | | | | | |
| VALOR EQUIPO: | | | | | | | | | | | | |
| OBSERVACION: | | | | | | | | | | | | |
| ABOLUCION: | | | | | | | | | | | | |
| DESCRIPCION | | | | | | | | | | | | |
| NUEVO | | | | | | | | | | | | |
| USADO | | | | | | | | | | | | |
| DESCRIPCION | | | | | | | | | | | | |
| NUEVO | | | | | | | | | | | | |
| USADO | | | | | | | | | | | | |
| CILINDRO | | | | | | | | | | | | |
| CUCHILLAS | | | | | | | | | | | | |
| REVELADOR | | | | | | | | | | | | |
| RODILLO FUSOR | | | | | | | | | | | | |
| RODILLO PRESOR | | | | | | | | | | | | |
| THERMISTORES | | | | | | | | | | | | |
| CARCAZA | | | | | | | | | | | | |
| TOLVA TONER | | | | | | | | | | | | |
| SELLOS DE TOLVA | | | | | | | | | | | | |
| CARTUCHOS TONER | | | | | | | | | | | | |
| GOMAS SEPARACION | | | | | | | | | | | | |
| GOMAS DE ALIMENTACION | | | | | | | | | | | | |
| CUBREORIGINALES | | | | | | | | | | | | |
| GOMAS ADF DE SEPARACION | | | | | | | | | | | | |
| GOMAS ADF ALIMENTACION | | | | | | | | | | | | |

NOTA: EL SIGUIENTE FORMATO SE DEBE ENTREGAR TOTALMENTE DILIGENCIADO Y CON COPIA A:

1. GESTION DE BODEGA
2. GESTION DE SERVICIO TECNICO
3. GESTION ADMINISTRATIVA

VENDEDOR

GERENCIA COMERCIAL

CARTERA

SERVICIO TECNICO

BODEGA



FORMATO PARA DESPACHO DE EQUIPOS

Versión 02

Fecha 08/02/16 N° Prealistamiento 041-5
Cliente Agrotrinidad
Dirección Calle 7 Oeste # 31 -25
Ciudad Cali
Contacto: Maria Ximena Jiveros/ Patricia Ramirez
Reemplazo: ☒ N° 2038 Equipo Adicional ☐ Cliente Nuevo ☐
Venta: ☐ Préstamo ☐ Revisión técnica ☐

Información del Equipo

N° Equipo: 4797 Modelo del Equipo: Ricoh Aficio SP 5210
Serial: S9219600138 Contador inicial Color _____
Contador Inicial B/N 241608 Contador Mecánico _____

Funciones del Equipo

| | | | | | |
|----------------|-------------------------------------|-----------------|-------------------------------------|---------|-------------------------------------|
| ADF | <input checked="" type="checkbox"/> | MESA | <input checked="" type="checkbox"/> | SCANNER | <input checked="" type="checkbox"/> |
| DUPLEX | <input checked="" type="checkbox"/> | PRINTER | <input checked="" type="checkbox"/> | BYPASS | <input checked="" type="checkbox"/> |
| BANCO DE PAPEL | <input type="checkbox"/> | DOCUMENT SERVER | <input checked="" type="checkbox"/> | FAX | <input checked="" type="checkbox"/> |
| OTROS | | | | | |

Documentos : Acta de entrega ☒
Acta de retiro ☐
Garantía ☐
Reporte de Servicio Técnico ☐

OTROS: _____

Vo Bo

Karen Araya

Firma Recibido




Please send FAX from this edge.

Counter

Serial No.: S9219600138

Data of Today: Feb. 08,2016 09:21 AM

| | |
|--------|--------|
| Total | 241608 |
| Prints | 175648 |



Please send FAX from this edge.

Page Counter:Printing

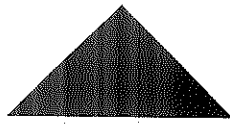
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Data of Today: Feb. 08,2016 09:21 AM

| | |
|-----------------------|--------|
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| FAX Counter:B & W | 19106 |
| Duplex Counter | 58447 |

Please FAX to ...

12G19



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|---------------------------|------|
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| Send Total Counter:B & W | 4499 |
| FAX Send Counter | 4497 |
| Scan Send Counter:Colour | 0 |
| Scan Send Counter:B & W | 2 |

[Counter per User]

Data of Today: Feb. 08, 2016 09:19 AM

| User Name | | Total |
|-----------|--|-------|
| Others | | 0 |
| total sum | | 0 |