



# MICR Toner Cartridges - HP P3015

1. Complete Order Form
2. Submit Order Form



Please Print Legibly

<b>Option A</b>
<p><b>FAX</b></p> <ul style="list-style-type: none"> <li>- Print and complete this form.</li> <li>- Fax this page only.</li> </ul> <p style="text-align: center; margin-top: 10px;"><b>(919) 870-4863</b></p>
<b>Option B</b>
<p><b>SCAN and EMAIL</b></p> <ul style="list-style-type: none"> <li>- Print and complete this form.</li> <li>- Scan, create and Email an electronic copy (PDF) of this page only.</li> </ul> <p style="margin-top: 10px;"><a href="mailto:NSB.CustomerService@dhhs.nc.gov">NSB.CustomerService@dhhs.nc.gov</a></p>
<b>Option C</b>
<p><b>EMAIL ONLY</b></p> <ul style="list-style-type: none"> <li>- Do <u>NOT</u> complete this form.</li> <li>- See Instructions on Page 2.</li> </ul> <p style="margin-top: 10px;"><a href="mailto:NSB.CustomerService@dhhs.nc.gov">NSB.CustomerService@dhhs.nc.gov</a></p>

**Date of Request:** \_\_\_\_\_

**For each Site # use a Separate Order Form**

**Program #:** \_\_\_\_\_ **Site #:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**Telephone #:** (     )     -     \_\_\_\_\_

**Fax #:** (     )     -     \_\_\_\_\_

**Submitted By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**WIC Director:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Ship to Address:**  
 (Mon - Fri, 8 - 5 pm Delivery Locations Only)

**Location Name and Street Address:**

**City:** \_\_\_\_\_ **NC**

**Zip:** \_\_\_\_\_

**Toner Order:**    - Enter Equipment ID # on Line and Quantity in Box for Each.  
                           - Equipment ID # is found on the Systel printer sticker (ex., DQ 123).

_____ <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/> Equipment ID #	_____ <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/> Equipment ID #	_____ <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/> Equipment ID #
_____ <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/> Equipment ID #	_____ <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/> Equipment ID #	_____ <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/> Equipment ID #

DHHS Staff Use Only		
Date Rec'd:	Ticket #:	Date Submitted:
Vendor Order #s:	Completed By:	Closed Date:

Use Only for Option C

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**Instructions:**



1. For this option, do NOT complete the above form.
2. Copy and Paste all of the Fields below into an Email (including DHHS Only).
3. In the Subject Line of your Email, type "MICR Toner Cartridge Order".
4. Complete the Required Field Information next to each label (e.g., Program #: = ?).
5. Complete a separate Email for each Site #.
6. Email your completed response to: [NSB.CustomerService@dhhs.nc.gov](mailto:NSB.CustomerService@dhhs.nc.gov).

**Date of Request:**

Program #:  
Site #:  
Program Name:

Telephone #:  
Fax #:  
Submitted By:  
Title:  
Email Address:  
WIC Director:  
Email Address:

**Ship to Address:**

Location Name and Street Address:  
City:  
Zip:

- Mon - Fri, 8 - 5 pm Delivery Locations Only

**Toner Order:**

Equipment ID #:  
Quantity:

- List each Equipment ID # and Quantity requested; duplicate as needed (ex., Equipment ID #: DQ123, Quantity: 3, Equipment ID # DQ245, Quantity: 2).
- Equipment ID # is found on the Systel Printer sticker on top of the MICR printer (ex., DQ456).

**DHHS Staff Use Only**

Date Rec'd:  
Ticket #:  
Date Submitted:  
Vendor Order #s:  
Completed By:  
Closed Date:

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**General Information – For ALL Options Selected**

Please allow 5 – 7 business days to process and receive your order.  
Check your supply to ensure you are using older toner first.

**Return signed and dated Packing Slip to NSB Customer Service Desk by Fax or Email.**