



**OFF-SITE/AT-HOME PRINTER REQUEST**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FINANCE  
SFN 102 (4-2025)

**PART A**

Employee Name	Title	
Division/Section Requesting Printer		
Briefly describe what circumstances would require the need for an off-site/at home printer?		
Funding Source	Division/Section Accountant	
Signature of Employee Requesting Printer		Date

**PART B**

Employee Supervisor's Comments and Recommendations	
Signature of Employee's Supervisor	Date
Signature of Division/Section Director	Date

**APPROVED**

Signature of Chief Financial Officer or Chief Financial Officer Representative	Date
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